PEPFAR Cameroon COP 2017 Approval Meeting Out-brief

April 21, 2017

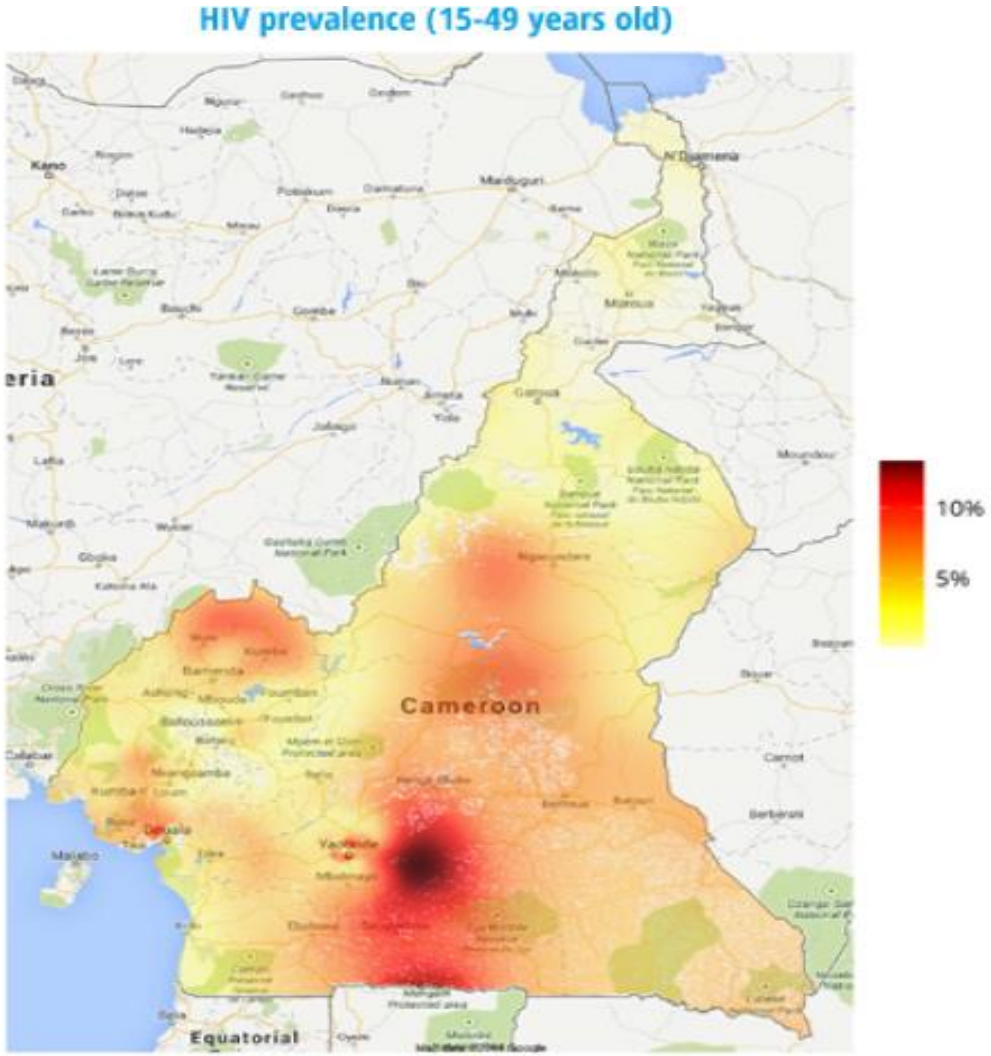
Johannesburg, South Africa

Status Overview: COP 2016 implementation and country context

HIV Epidemiology in Cameroon

- **Number of PLHIV:** 639,812*
  - **0-14 CLHIV:** 34,192*
  - **ALHIV:** 29,000 [24 000 - 35 000]
- **Adult HIV prevalence:** 4.3%+
  - **M:F Ratio:** 1: 2
  - **Pregnant Women:** 4.7% ***
  - **Men who have sex with Men:** 37.2%
  - **Commercial Sex Workers:** 36%
  - **Military:** 6%
- **New HIV Infections:** 38,595**
- **Mortality from HIV:** 26,743**

	Treatment	PMTCT -ARV	Pediatric ART<15	Adolescents 15-19
% Coverage	32%	67%	25%	Not
National	205,359	19,940	8,457	available



* 2016 UNAIDS Spectrum Estimates , +2014 UNAIDS Sub-National Survey Estimates, ^ 2013 US Census;*DHS, 2011, **UNAIDS 2013, ***ANC surveillance , 2012, ****NACC 2012; + GVFI, 2009; + +MSM IBBS

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Policy Overview

Test & Start currently being rolled out in the two clusters

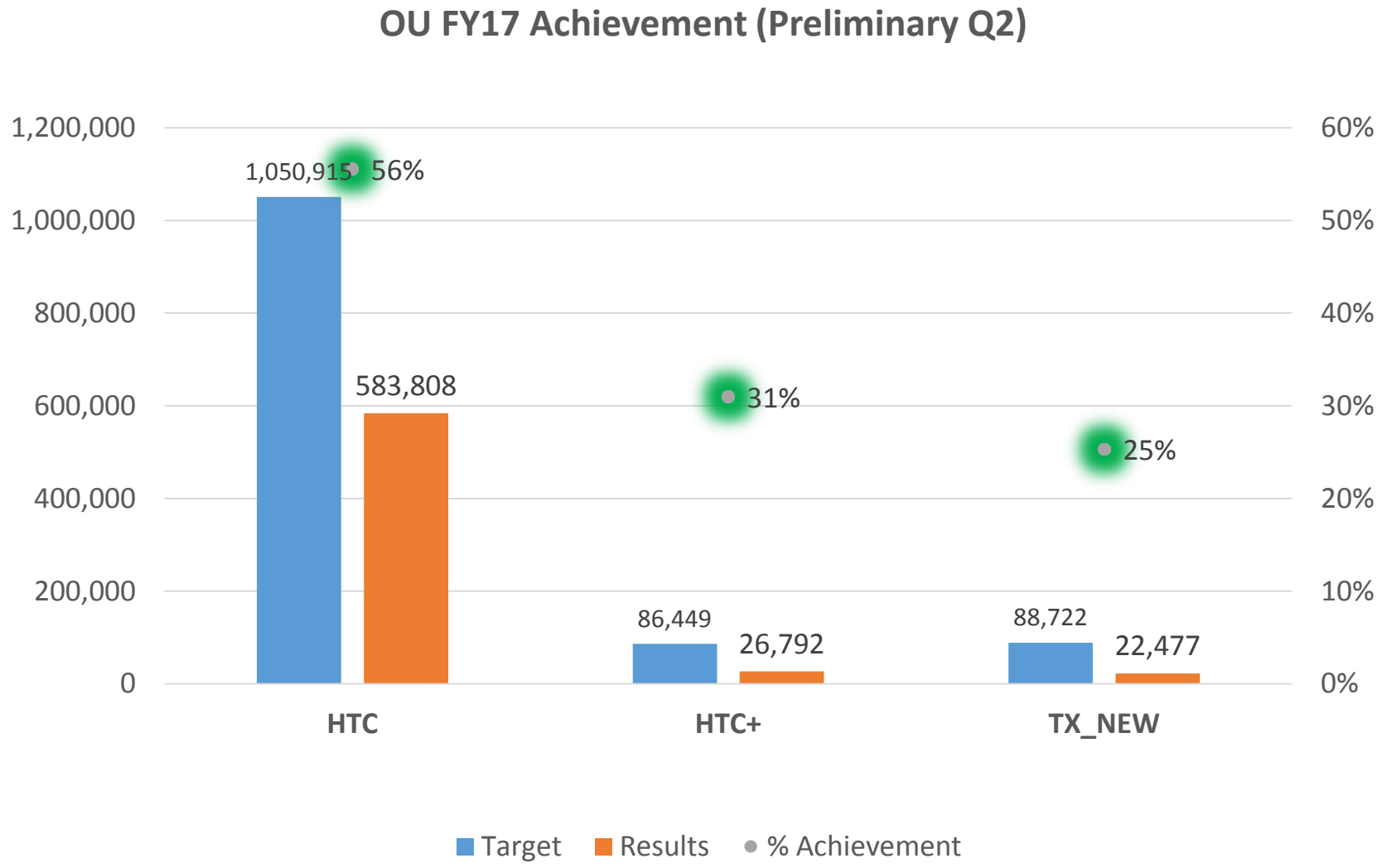
Engaging GRC to adopt self testing in new NSP/GF-CN

Multi-monthly ART dispensation ≥3 months is being expanded

Community ART dispensation implemented 28 site

Same day initiation of ART implemented in a phased approach

PEPFAR Cameroon achievements



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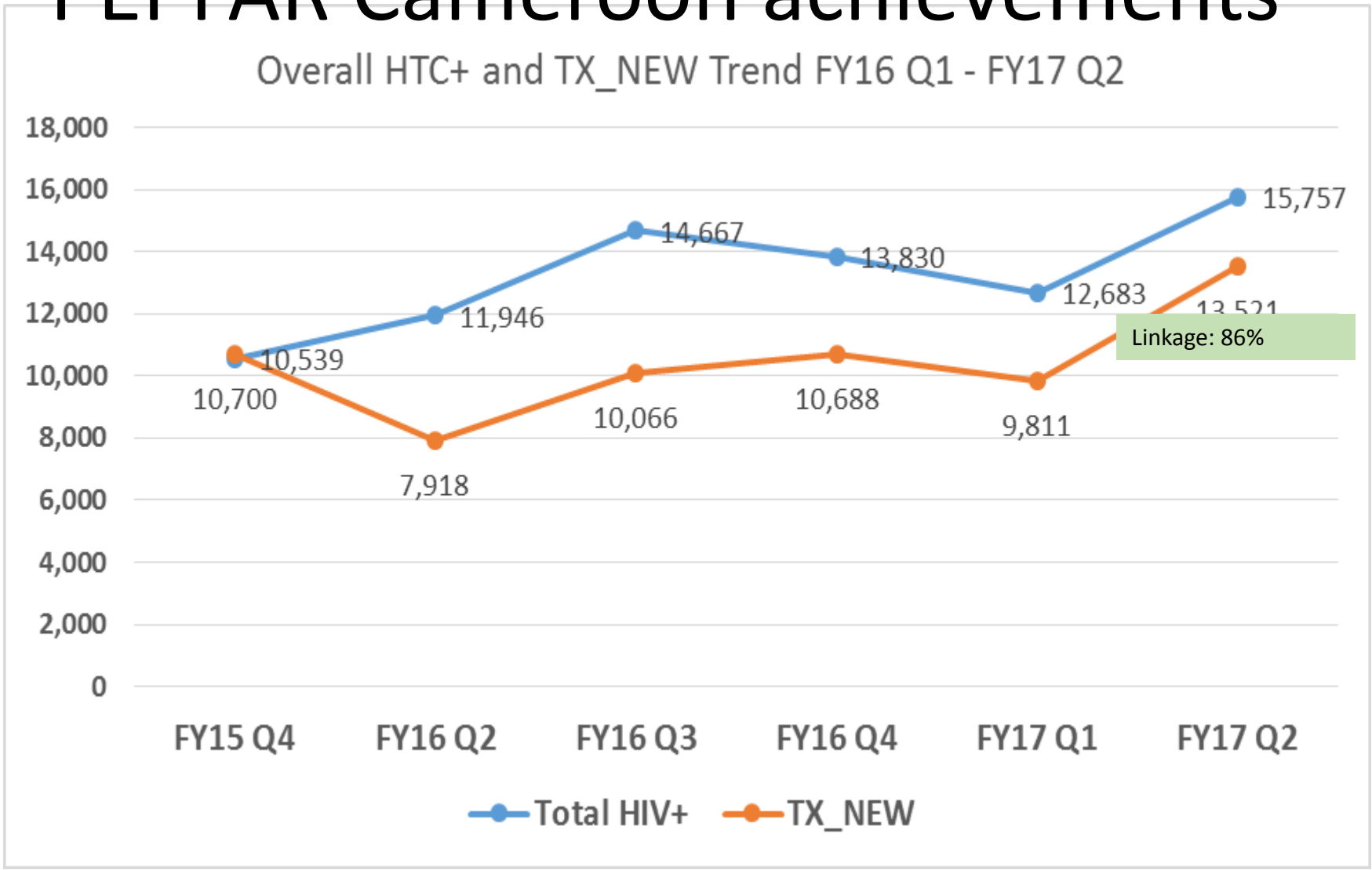
PEPFAR Cameroon achievements



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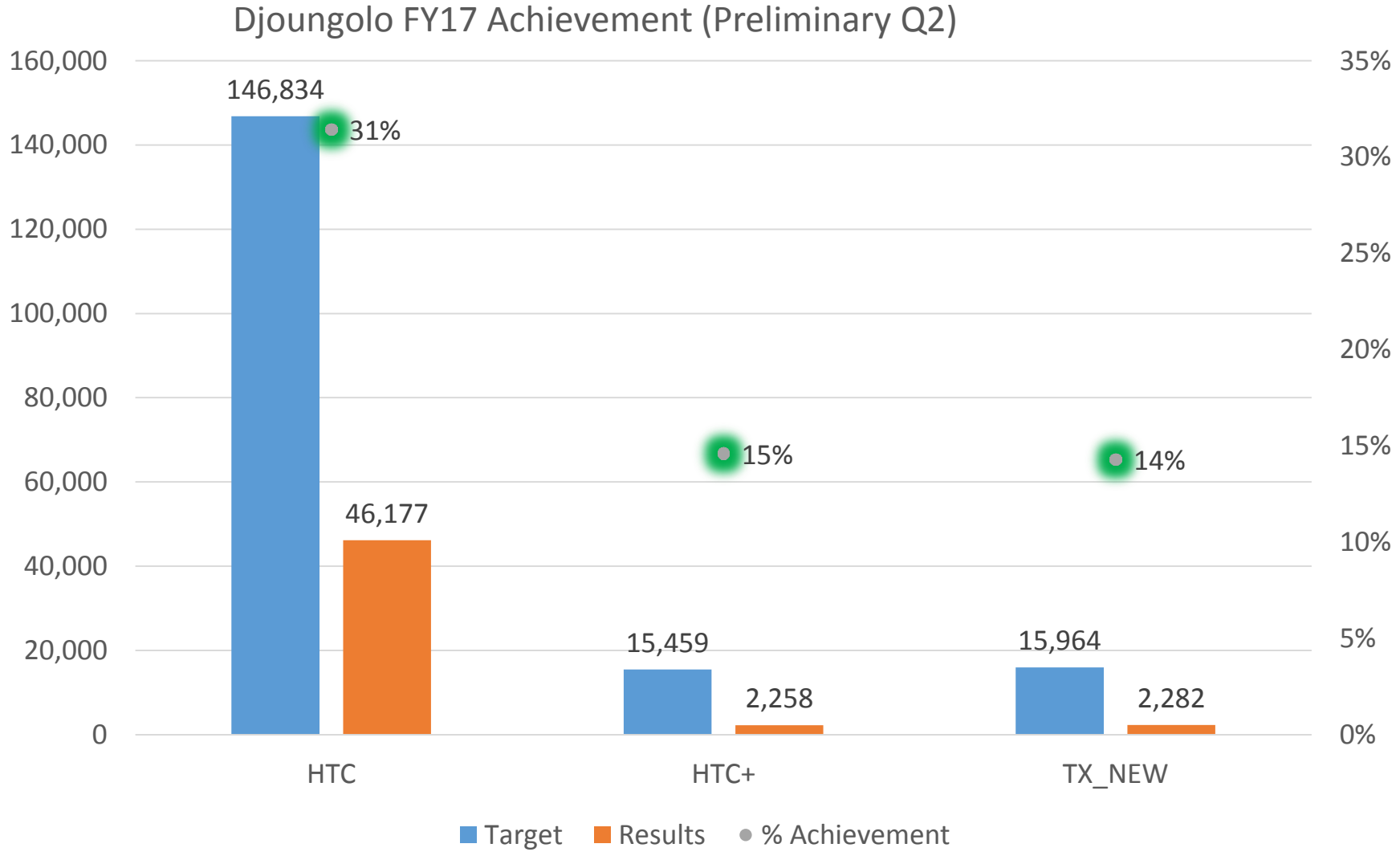

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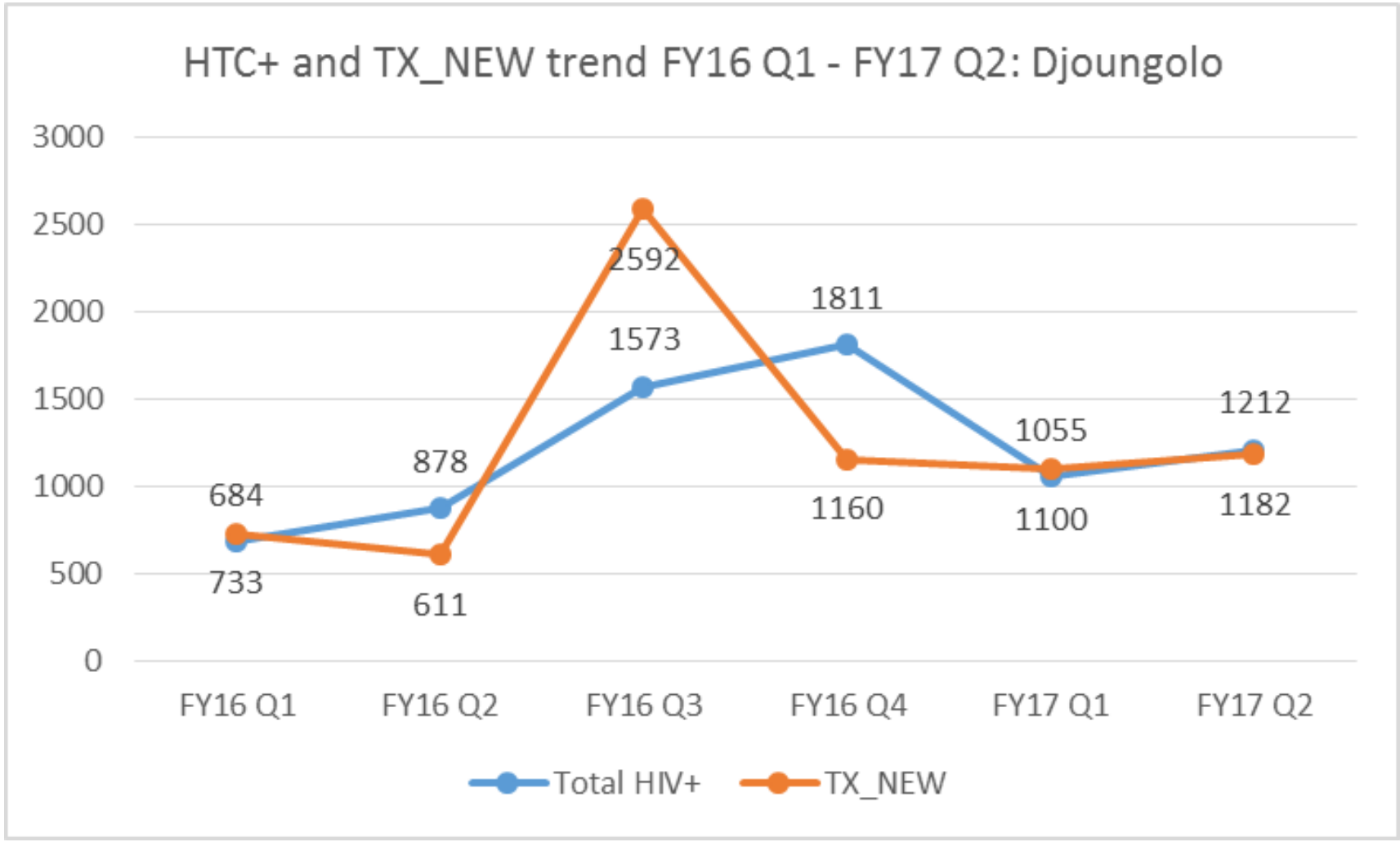

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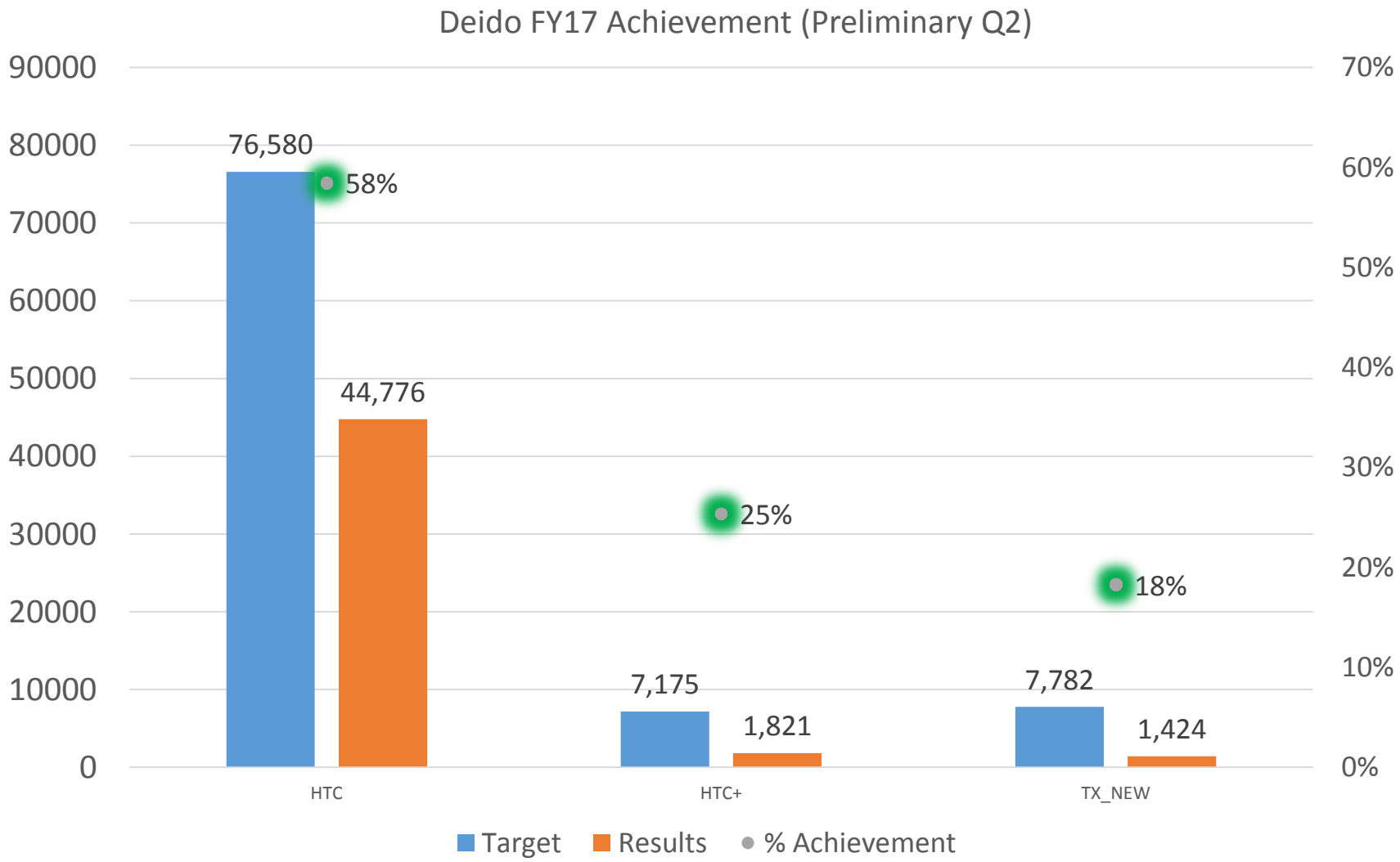

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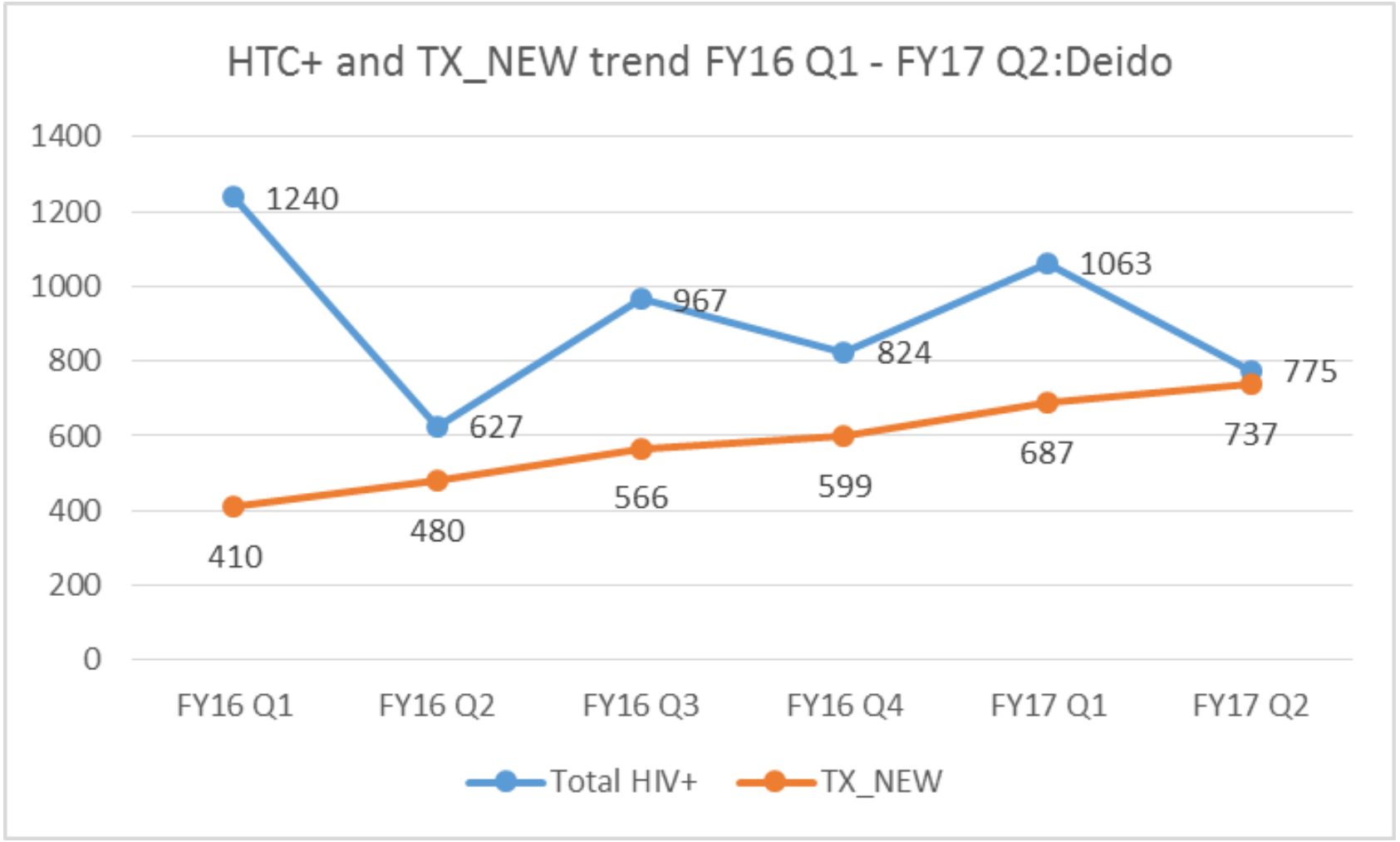

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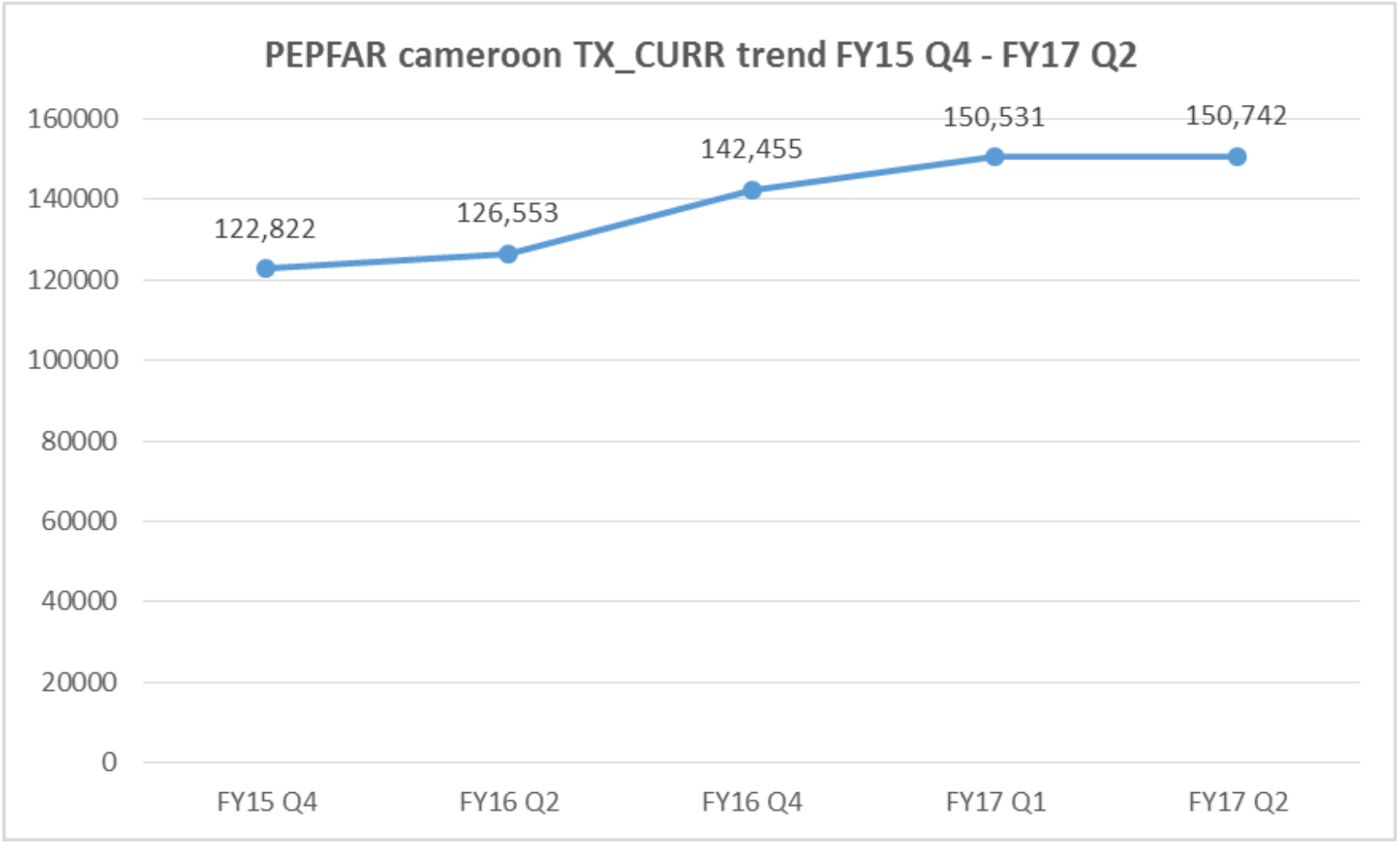

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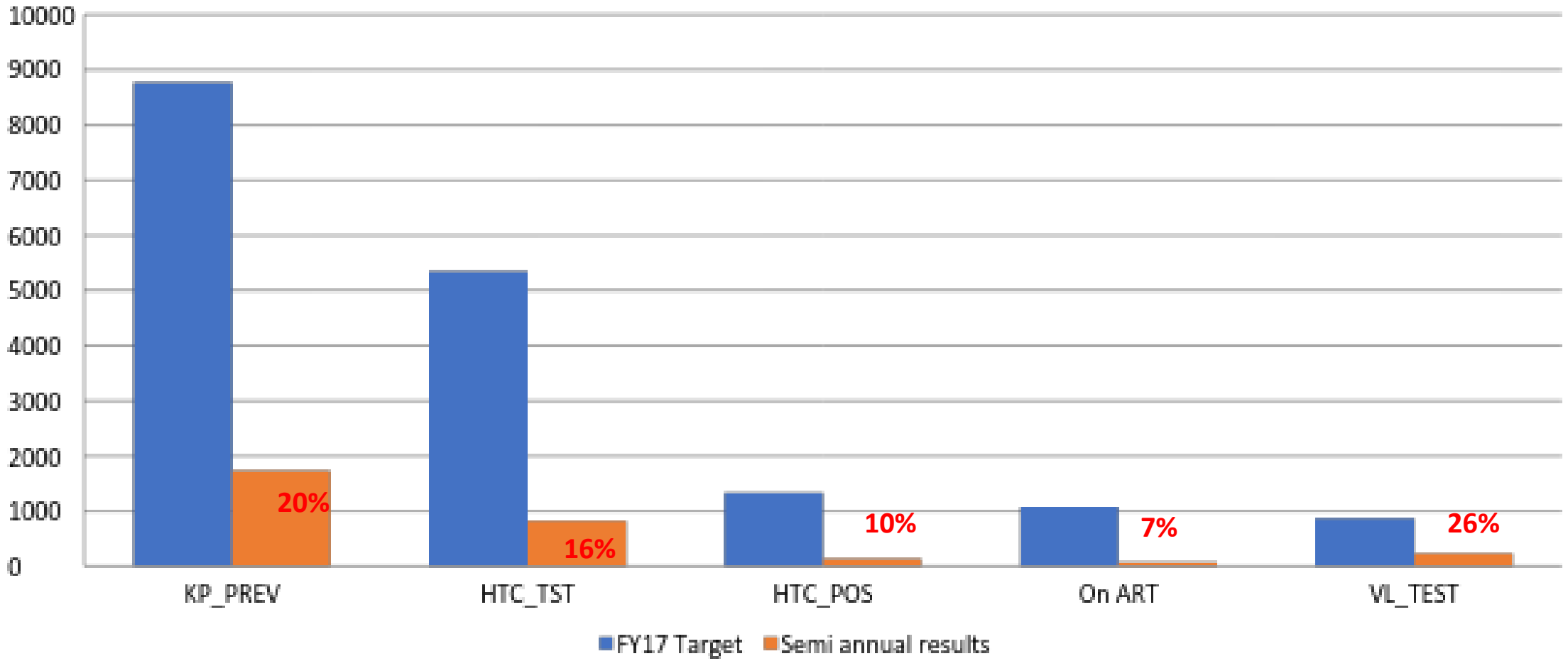
MSM FY17 Performance Against Targets Q1 + Q2 *(preliminary data)*



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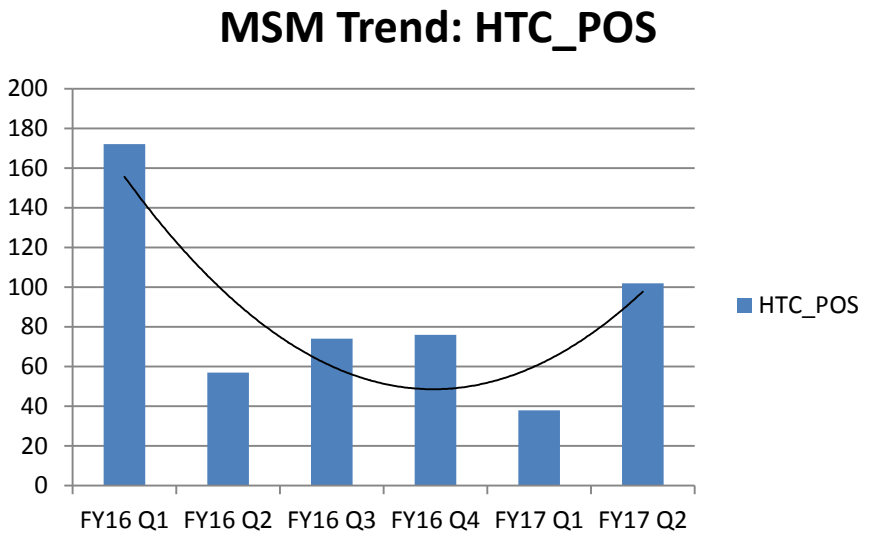
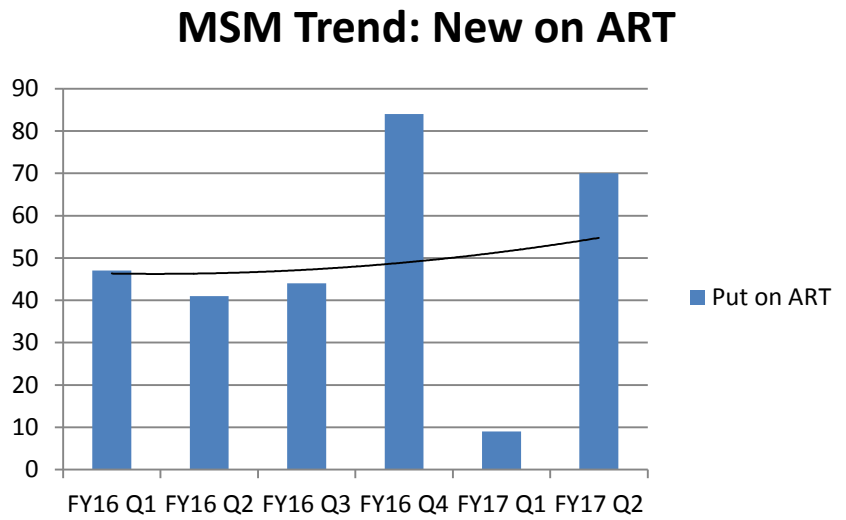
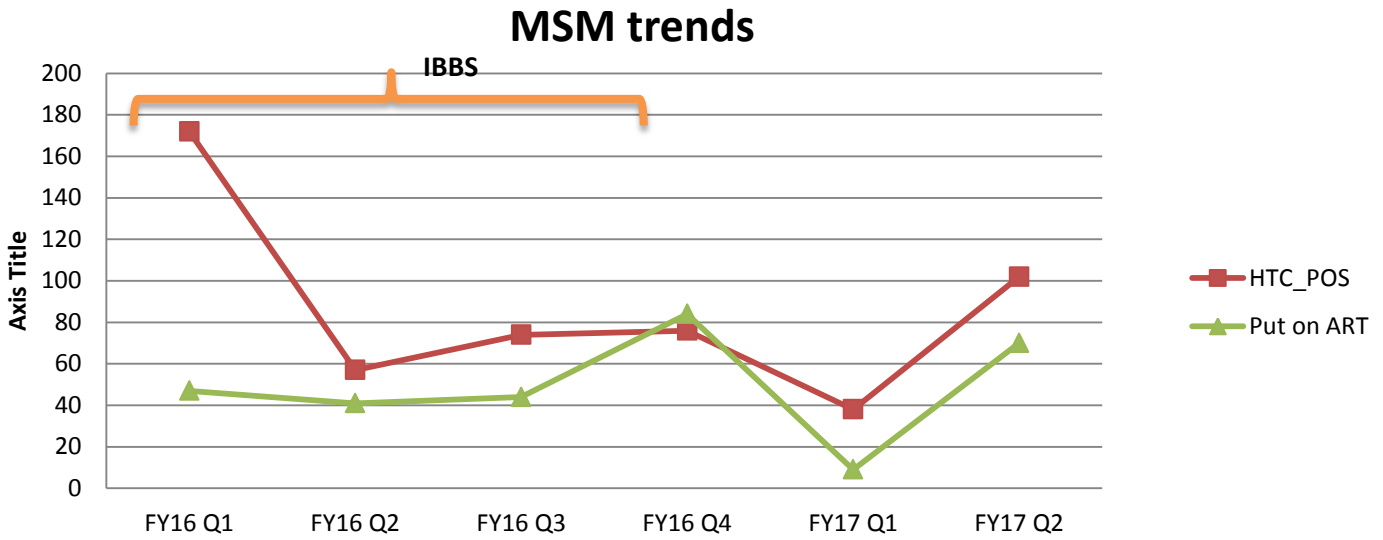
MSM Trend FY 16 > FY 17







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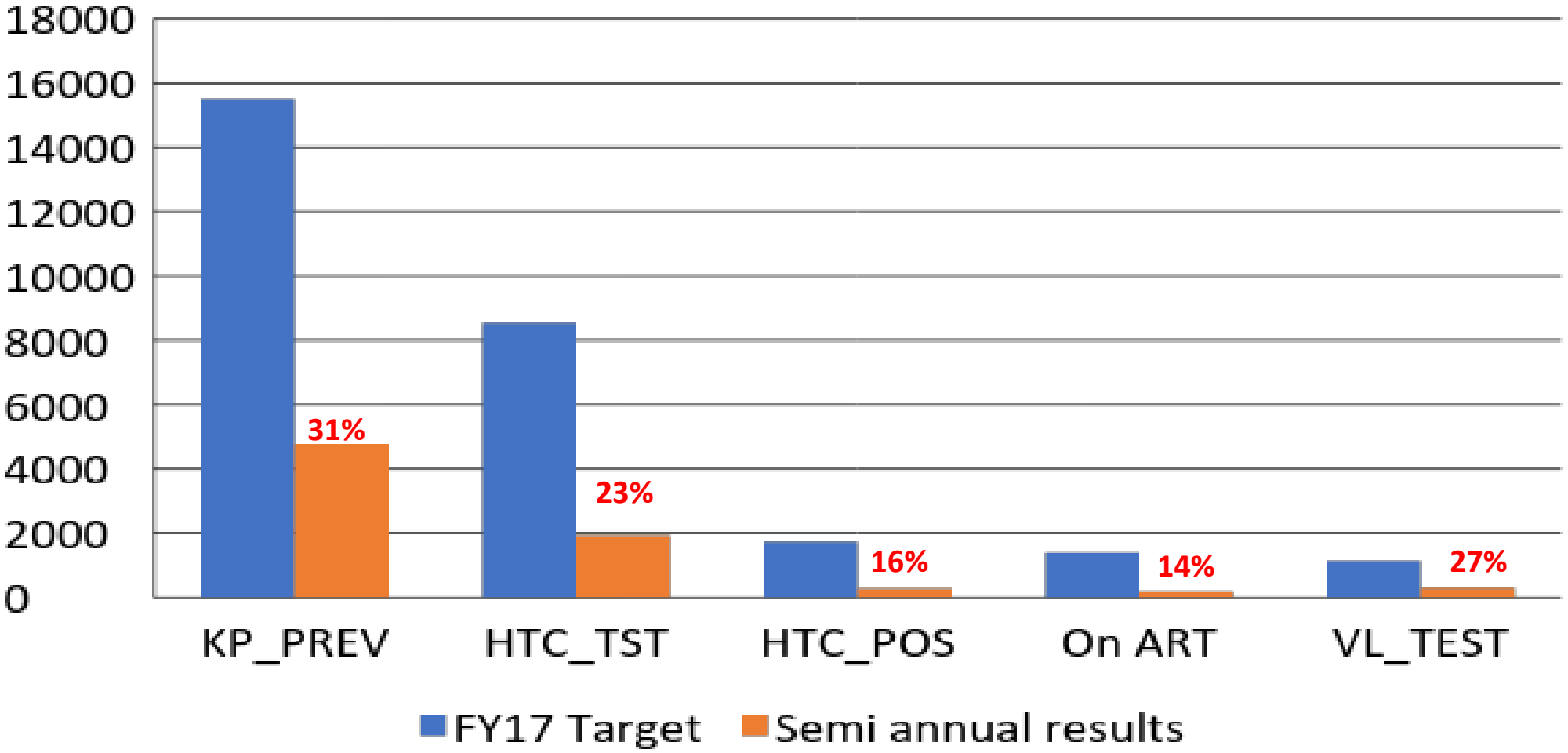
FSW FY17 Performance Against Targets Q1 + Q2 *(preliminary data)*



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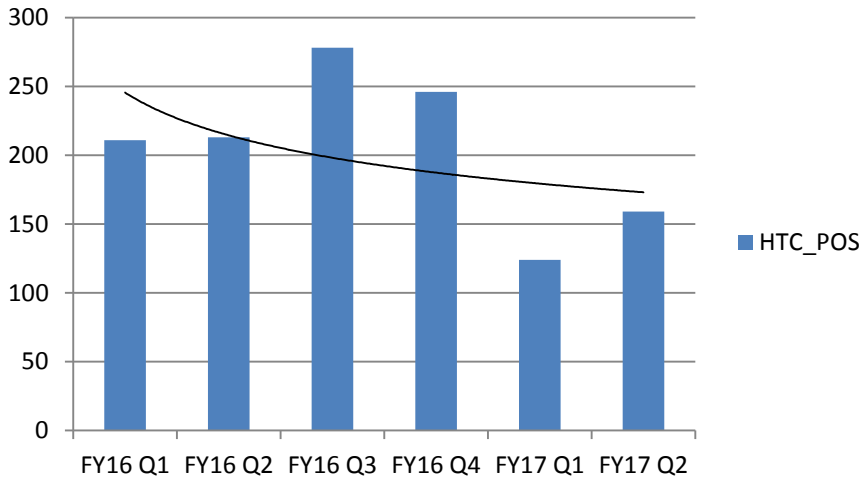
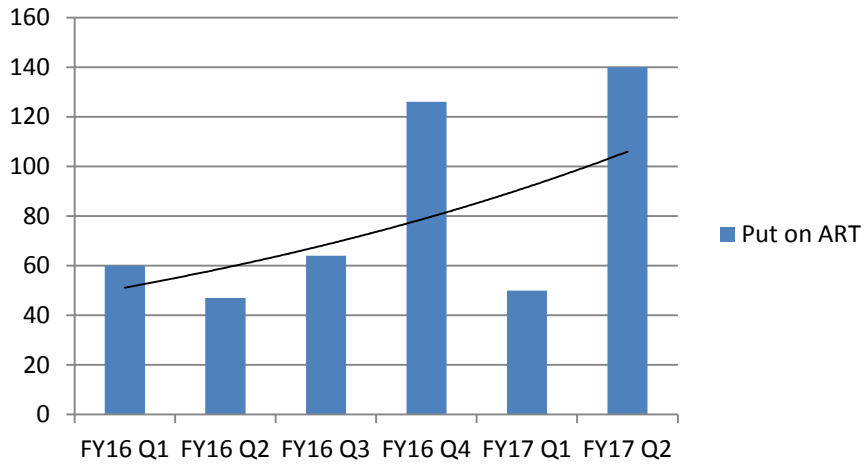
FSW Trends FY16 > FY17

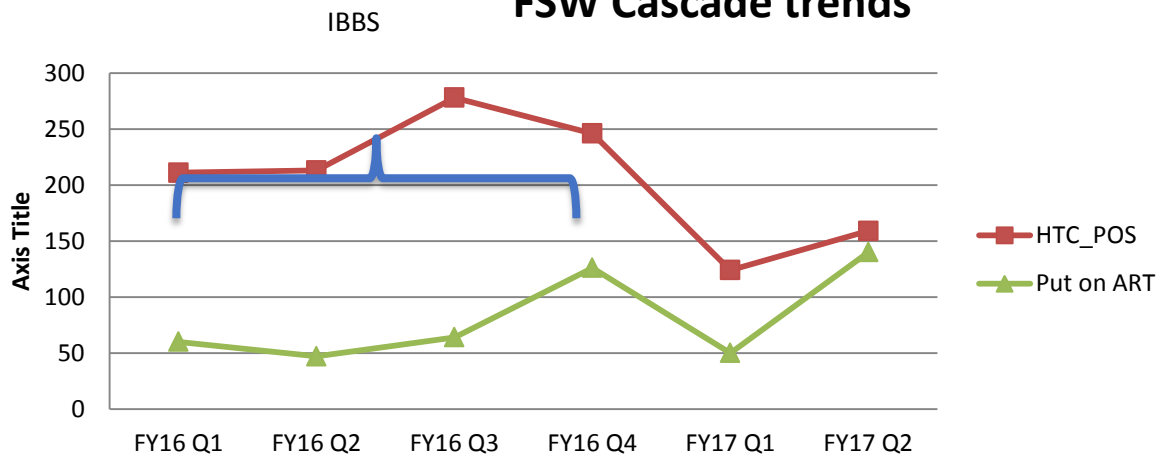
FSW Trend: HTC_POS



FSW Trend: Put on ART



FSW Cascade trends



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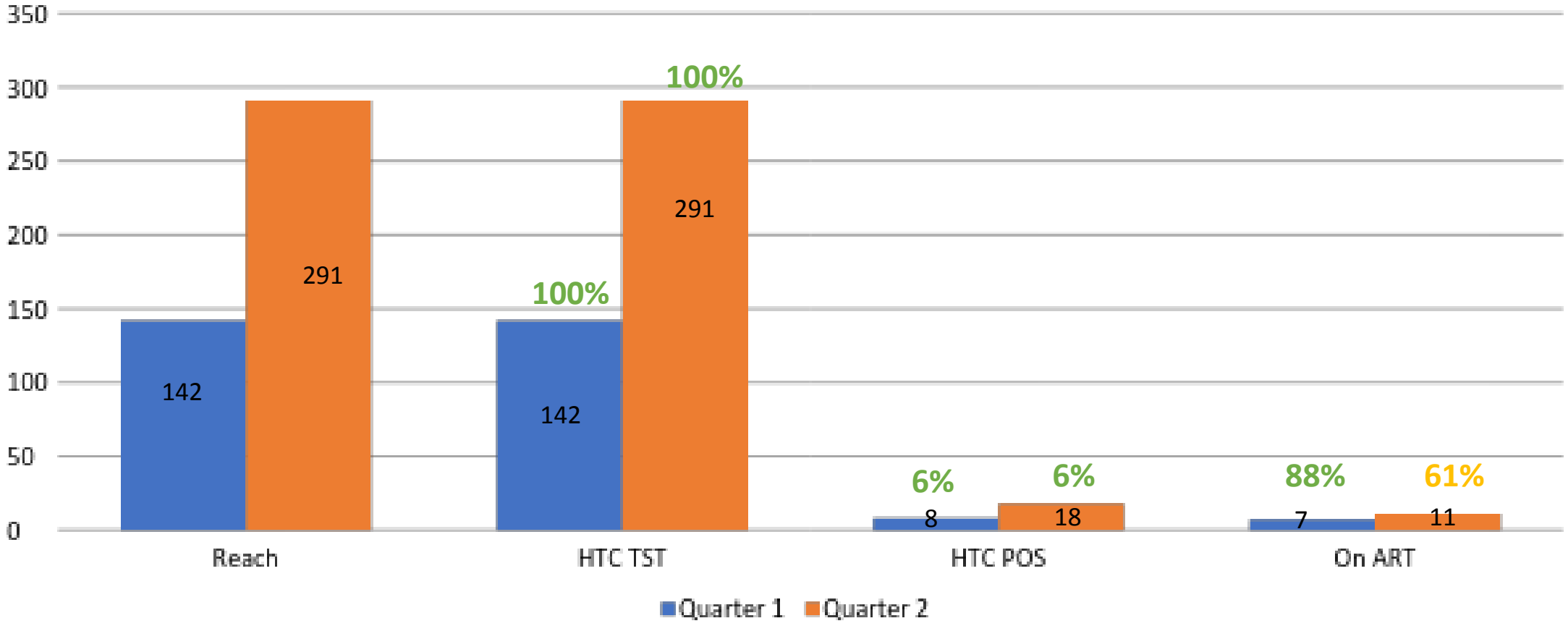
cFSW FY 17 Q1 > Q2 Performance



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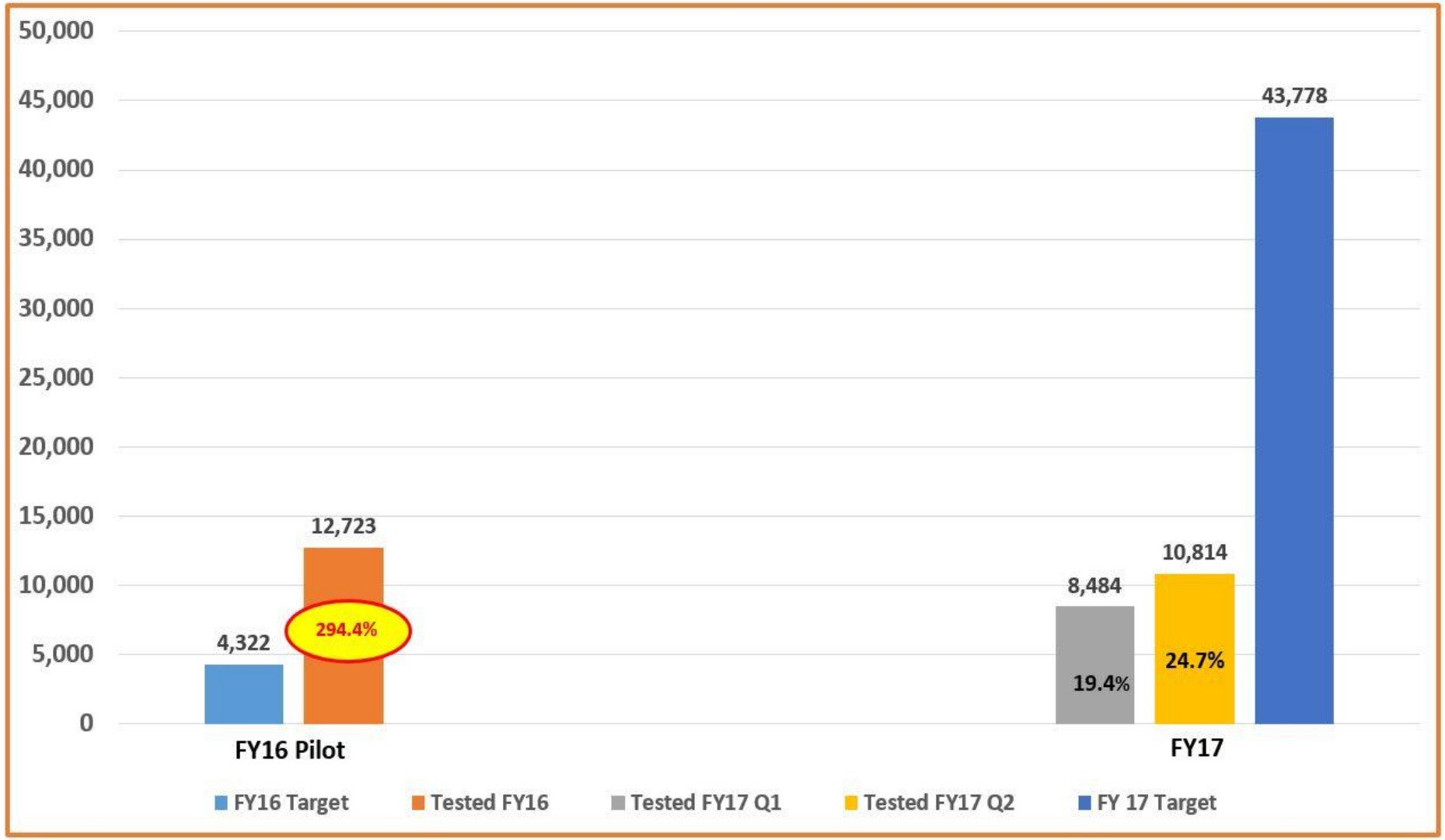
Viral Load Targets Attained for FY16 and FY17 (Q1 & Q2)



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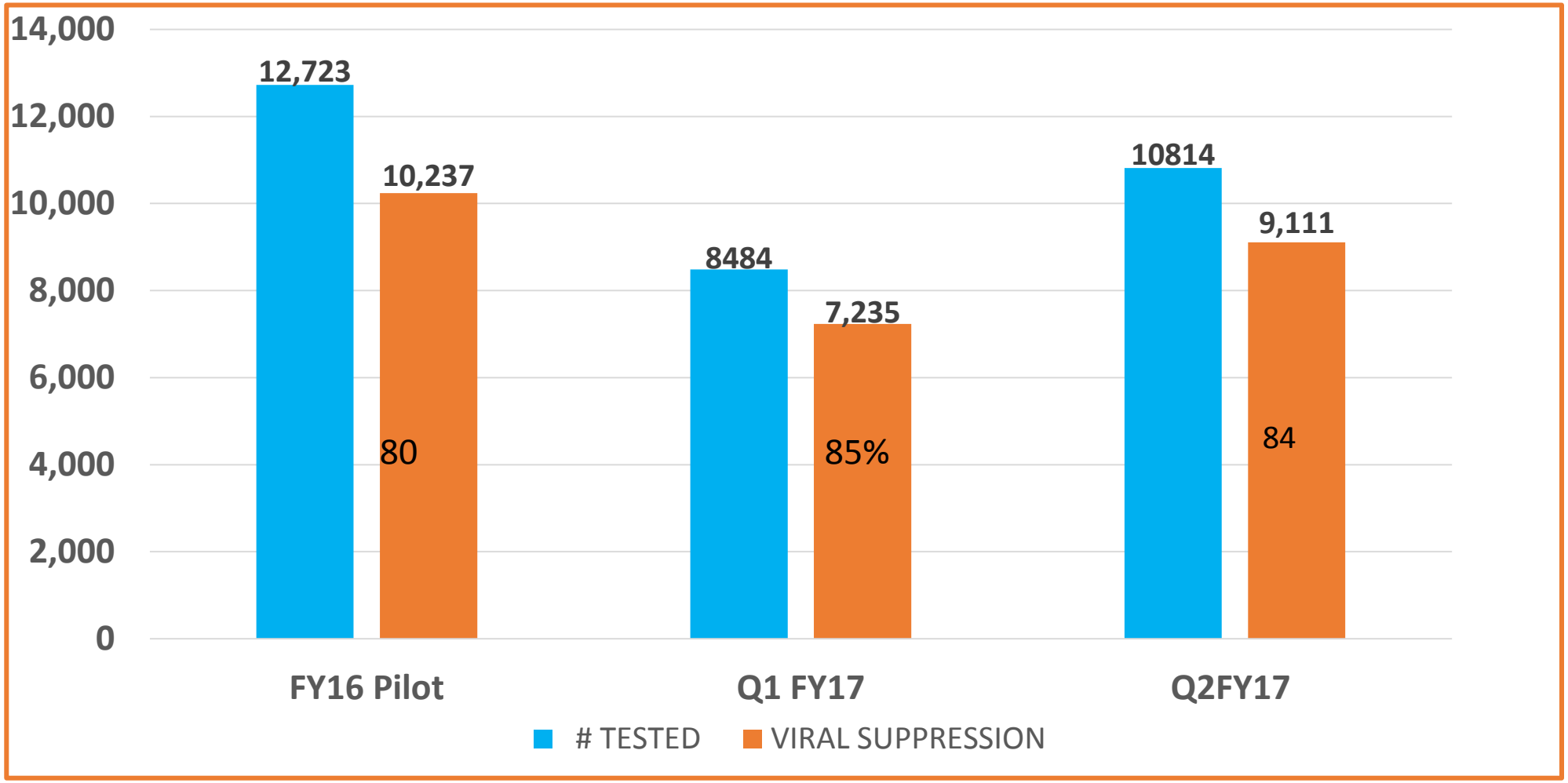
FY16 and FY17(Q1&Q2) Viral Suppression Rates



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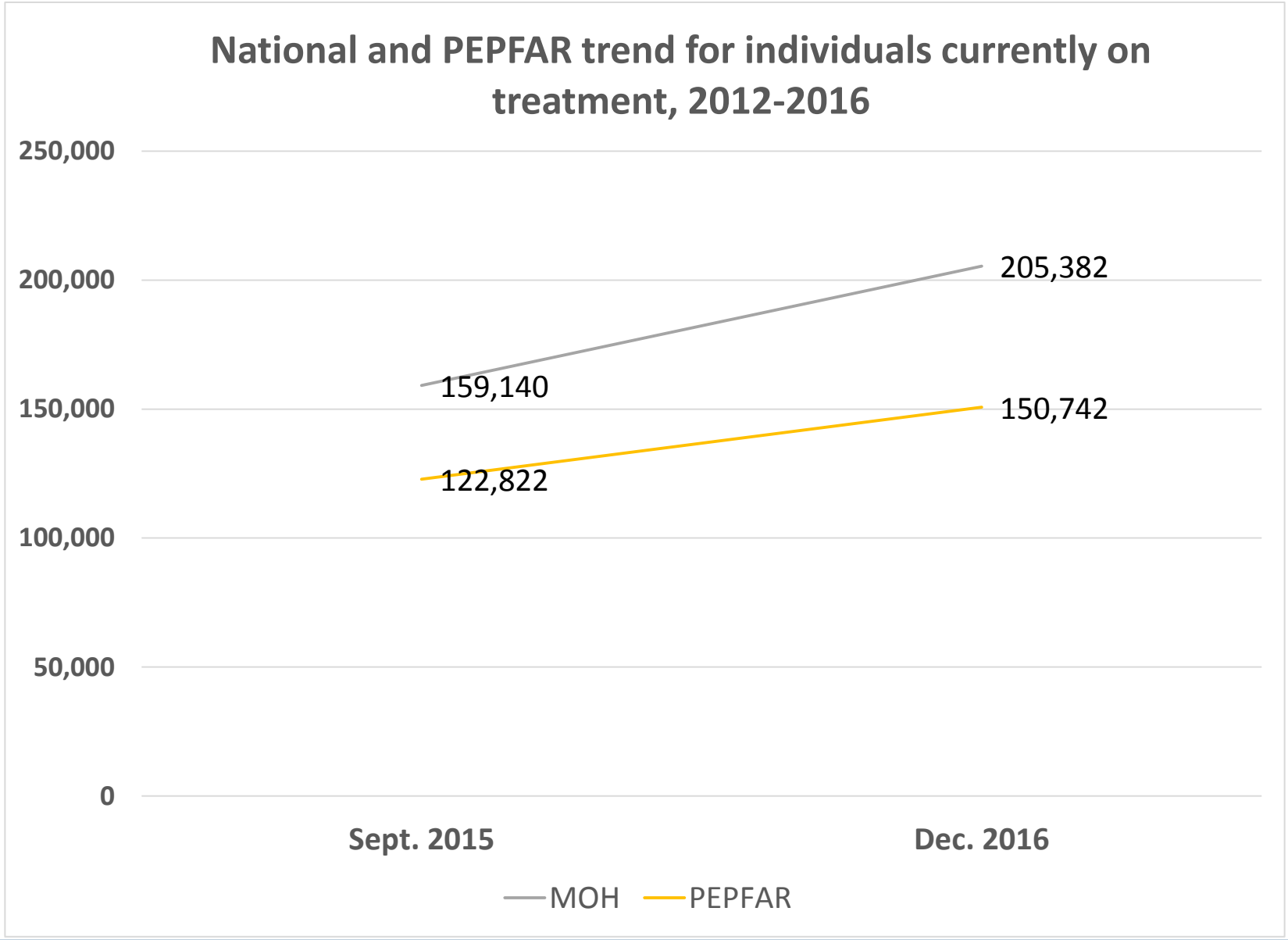

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Annual Investment Profile by Program Area

Table 2.2.1 Annual Investment Profile by Program Area, 2013*					
Program Area	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
Clinical care, treatment and support	$30,797,364.17	3%		54%	43%
Community-based care, treatment, and support	$240,121	6%		23%	70%
PMTCT	$8,591,391	59%		5%	36%
HTS	$362,933	(336%)**		98%	2%
VMMC	$0				
Priority population prevention	$1,261,035	0%		15%	85%
Key population prevention	$1,243,643	85%		0%	15%
Prevention (General)	$4,169,607	8%		41%	51%
OVC	$593,472	(100%)**		0%	100%
Laboratory	$0	(100%)**		0%	0%
SI, Surveys and Surveillance	$4,632,386	13%		12%	75%
HSS	$13,043,752	10%		5%	85%
Total	$64,935,704				

* (GRC, National AIDS Spending Assessment, 2013), all amounts in 2013 USD. Exchange rate applied ($1=476.54 CFA) based on Treasury Reporting Rates of Exchange as at December 31, 2013 (www.irs.gov).Expenditures reported in this table for Host country and Other (GF, bilateral donors, UN agencies, and international organizations) partners are based on the 2013 NASA, which does not break down donor expenditures by program area. Expenditure breakdown specifically for GFATM was not available. The 2014 and 2015 NASA is awaiting official release by the GRC. In order to align with NASA 2013 report, PEPFAR expenditures reported in this table are based on FY2013 EA exercise in order to align with national expenditure data. Total expenditures match 2013 NASA, however, methodology used to allocate percentages consists of: (1) host country percentage allocation comes from NASA; (2) PEPFAR percentage allocation is based on EA expenditure divided by total expenditure for category in NASA; (3) Other percentage allocation generated by calculating balance after subtracting host country and PEPFAR percentage allocations (with exception of HTC program area).

Procurement profile for Key Commodities

Commodity Category	Total Expenditure	% PEPFAR	% GF	% Host Country	% Other
ARVs	$42,037,438	4.81	65.37	29.82	
Rapid test kits	$4,202,021	24.99	66.30	8.71	
Other drugs	$2,093,709	0	93.88	6.12	
Lab reagents	$340,168	0	100.00	0	
Condoms and lubricants	$2,897,621		42.67	5.57	51.77
Viral Load commodities	$8,599,099	22.52	77.48	0	
MAT					
Other commodities					
Total	$60,170,056	8.32	67.26	21.92	2.49

Cameroon
COP 2017 Strategy

Stakeholder Review and Comments

Government

- Ongoing discussions on program implementation, geographic expansion and commodities challenges.
  - COP15 APR review on December 12, 2016
  - Permanent Secretary of NACC attended DCMM
  - Final COP17 SDS provided to Gov't on March 1, 2017

Civil Society

- COP15 APR review on November 18, 2016, held at UNAIDS
- COP17 CSO session at retreat on Monday January 23, 2017.
- Final COP17 SDS provided to CSO's on March 1, 2017
- Feedback received on March 21, 2017.

Bi/Multi-lateral

- UNAIDS attended sessions at the retreat.
- Final COP17 SDS provided on March 1, 2017
- Feedback received on March 8, mostly on clarification. In-country meeting on March 14

PEPFAR/Stakeholder/Donor coordination

GRC

Global Fund

UNITAID support for POC/EID machines

UNAIDS key role in Coordination and Monitoring

WHO engagement in developing policies & guidelines with partners

Multilaterals

Bilateral

Global Fund/PEPFAR Coordination

02 meetings with GF on commodities & laboratory

PEPFAR/GF/UNAIDS meeting on Care & Treatment Cascade Assessment

January 2017

COP17 SDS shared with the Portfolio Manager & feedback received

PEPFAR Participation in the CCM to move the concept note submission from March to August 2017

March 2017

Participation of PEPFAR Team in the evaluation of the current NSP

PEPFAR participation in GF program review, on the community component for KPs

April 2017

May 2017 moving forward

- PEPFAR TA support in developing the new NSP
- PEPFAR TA support in developing HIV/TB concept note
- PEPFAR/GF discussions on VL needs, joint forecasting for commodities, Risk management strategy, Strengthening SCM coordination, support on transportation and distribution cost

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Place holder Comparison of COP16 and COP17 Funds by Budget Code

BUDGET CODES	COP 2016 (TOTAL FUNDING)	COP 2017 (TOTAL FUNDING)
HBHC	$2,179,128	$2,020,452
HKID	$1,464,815	$1,824,160
HLAB	$365,722	$1,595,985
HMBL	$63,959	$0
HTXD	$69,354	$39,693
HTXS	$17,722,552	$22,211,692
HVCT	$2,695,821	$3,748,513
HVMS	$4,362,158	$4,595,638
HVOP	$2,301,791	$2,377,402
HVSI	$513,739	$1,697,049
HVTB	$488,278	$260,698
MTCT	$2,256,095	$2,291,697
OHSS	$587,283	$1,738,194
PDCS	$1,634,802	$408,585
PDTX	$4,504,504	$1,795,727
TOTAL	$41,210,001	$46,605,485

COP 2017 Cameroon Budget By Agency

AGENCY	NEW FUNDS	APPLIED PIPELINE	TOTAL BUDGET
DOD	$1,558,667	$0	$1,558,667
HHS/CDC	$27,852,493	$5,202,555	$33,055,048
PEACE CORPS	$854,290	$100,000	$954,290
STATE	$635,600	$0	$635,600
USAID	$8,739,287	$1,662,593	$10,401,880
TOTAL	$39,640,337	$6,965,148	$46,605,485

PEPFAR Cameroon Earmark Allocations

- New FY 2017 funds allocated to care and treatment:$26,241,259
  - COP 2017 requirement: $26,174,032
- New FY 2017 funds allocated to OVC:$1,805,357
  - COP 2017 requirement: $1,464,815
- New FY 2017 funds allocated to water: $125,000
  - COP 2017 requirement: $125,000
- New FY 2017 funds allocated to GBV: $100,000
  - COP 2017 requirement: $100,000

Summary of COP17 Targets by Prioritization

SNU	COP17 Prioritization	COP17 Target (APR18) Tx_New	COP17 Target (APR18) Tx_CURR	COP17 Target (APR18) HTC_Pos	COP17 Target (APR18) HTC_Test	COP17 Target (APR18) OVC_Serv	COP17 Target (APR18) KP_Prev	COP17 Target (APR18) PP_Prev
TOTAL		**54106**	**203120**	**59104**	**892819**	**22,282**	**25,000**	**23,782**
Yaounde Cluster	Scale up Saturation	10678	59968	11680	160689	9688	8286	0
Douala Cluster	Scale up Saturation	8820	40860	9347	156680	4279	13448	0
Sustained	Sustained	32446	96653	35675	541971	8315	3266	17734
Military		2162	5639	2402	33479	0	0	6048

Impact over time: Tx_New and Tx_CURR Details

SNU	COP16 Prioritization	TX_New: APR16 Achievement	TX_CURR: APR16 Achievement	TX_New: Expected Achievement by APR17	TX_CURR: Expected Achievement by APR17	COP17 Prioritization	TX_New: COP17 Target (APR18)	TX_CURR: COP17 Target (APR18)	Net New: COP17
TOTAL		**39372**	**142455**	**88722**	**173736**		**54106**	**203120**	**27877**
Yaounde Cluster		11796	38493	30986	55287	Scale up Saturation	10678	59968	4681
Douala Cluster		8378	32426	17714	36126	Scale up Saturation	8820	40860	4734
Sustained	Sustained	18035	68059	38596	78003	Sustained	32384-	96653	18462
Military	Military	1163	3477	1426	4320		2162	5639	1319

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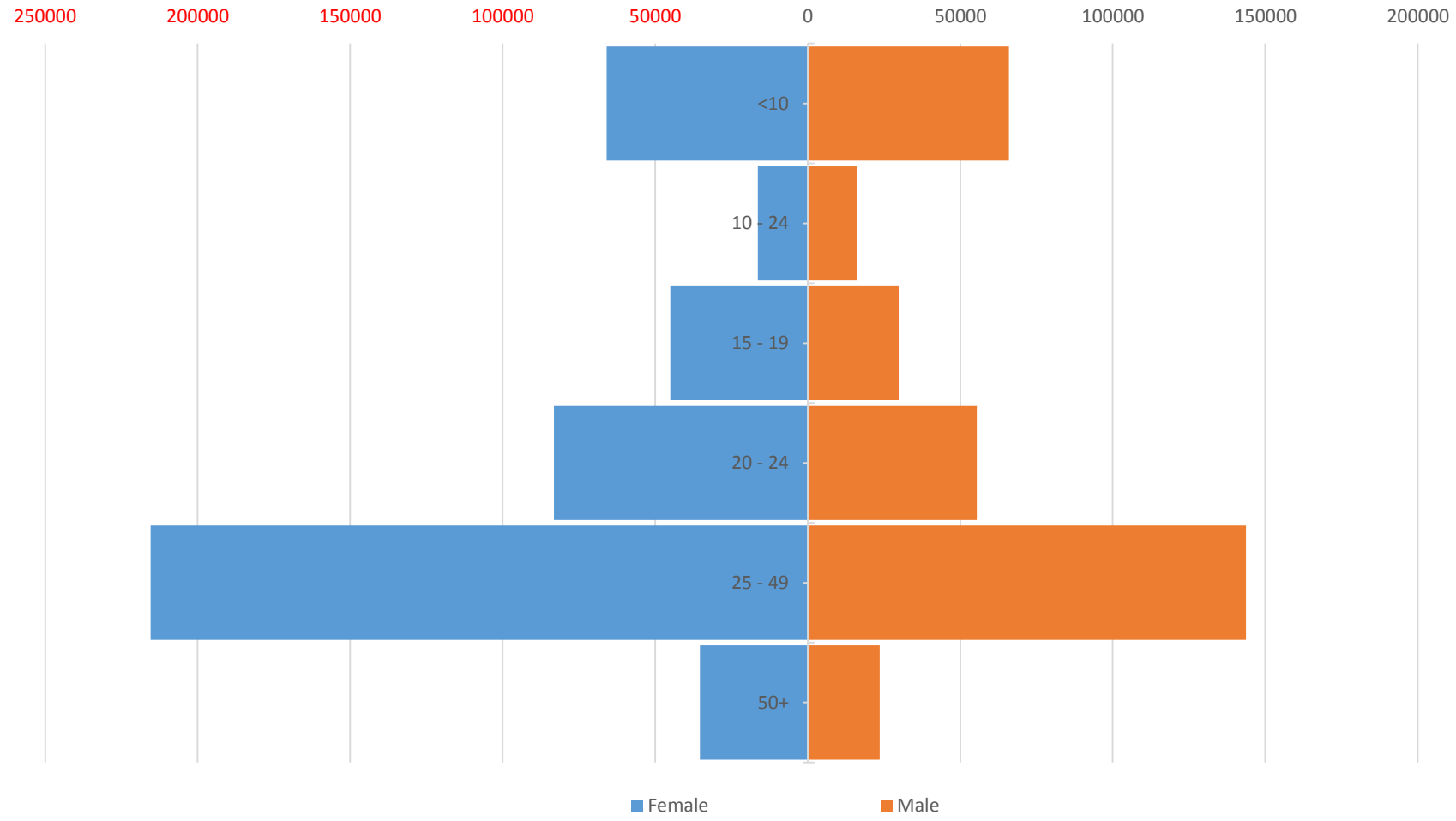
COP17 HTC Targets by Age & Sex



For ages 15+ disaggregation considers 60% Females and 40% Males

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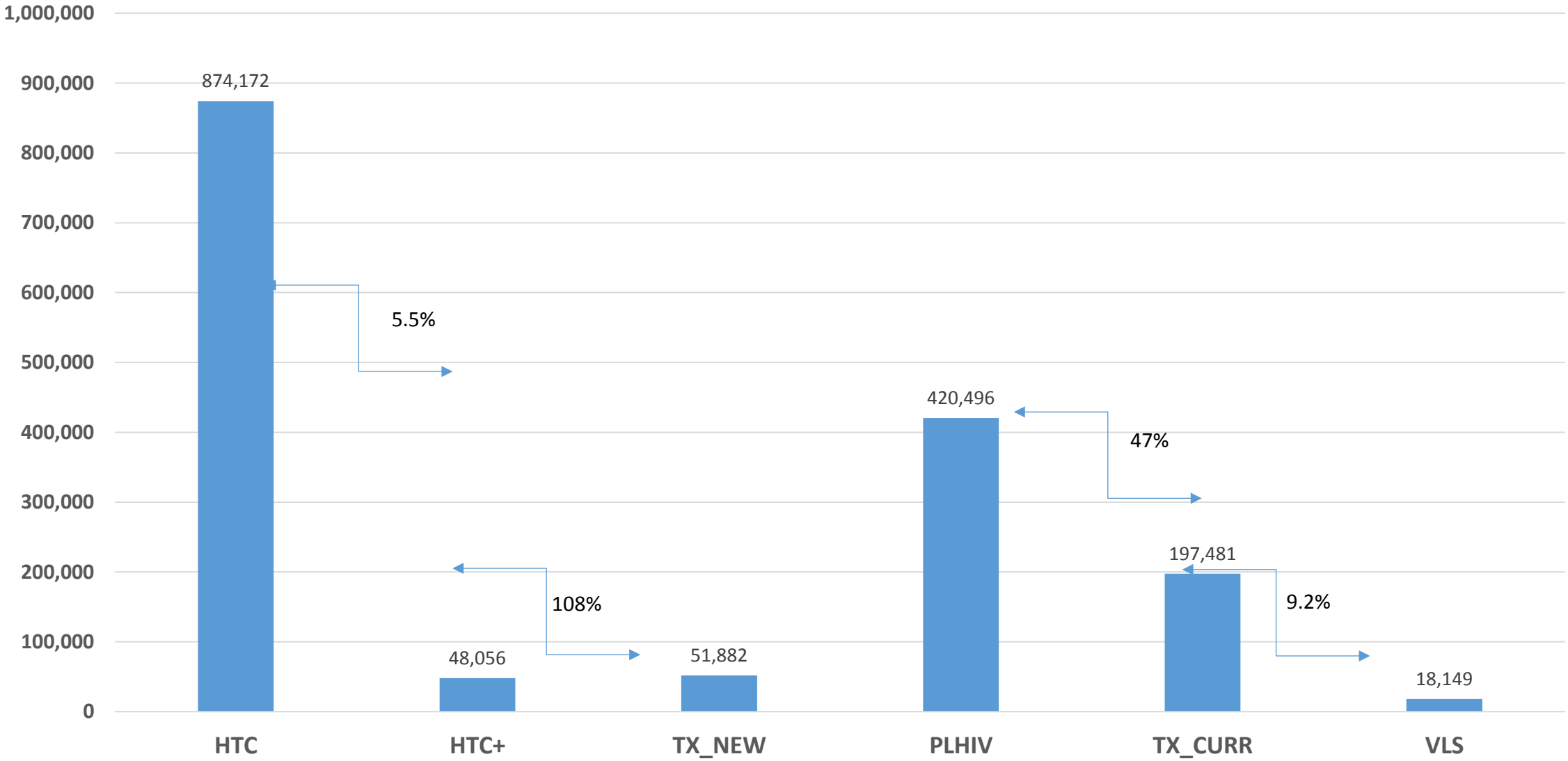
Reaching 2nd 90

Strategy and programmatic direction

FY18 OVERALL CLINICAL CASCADE



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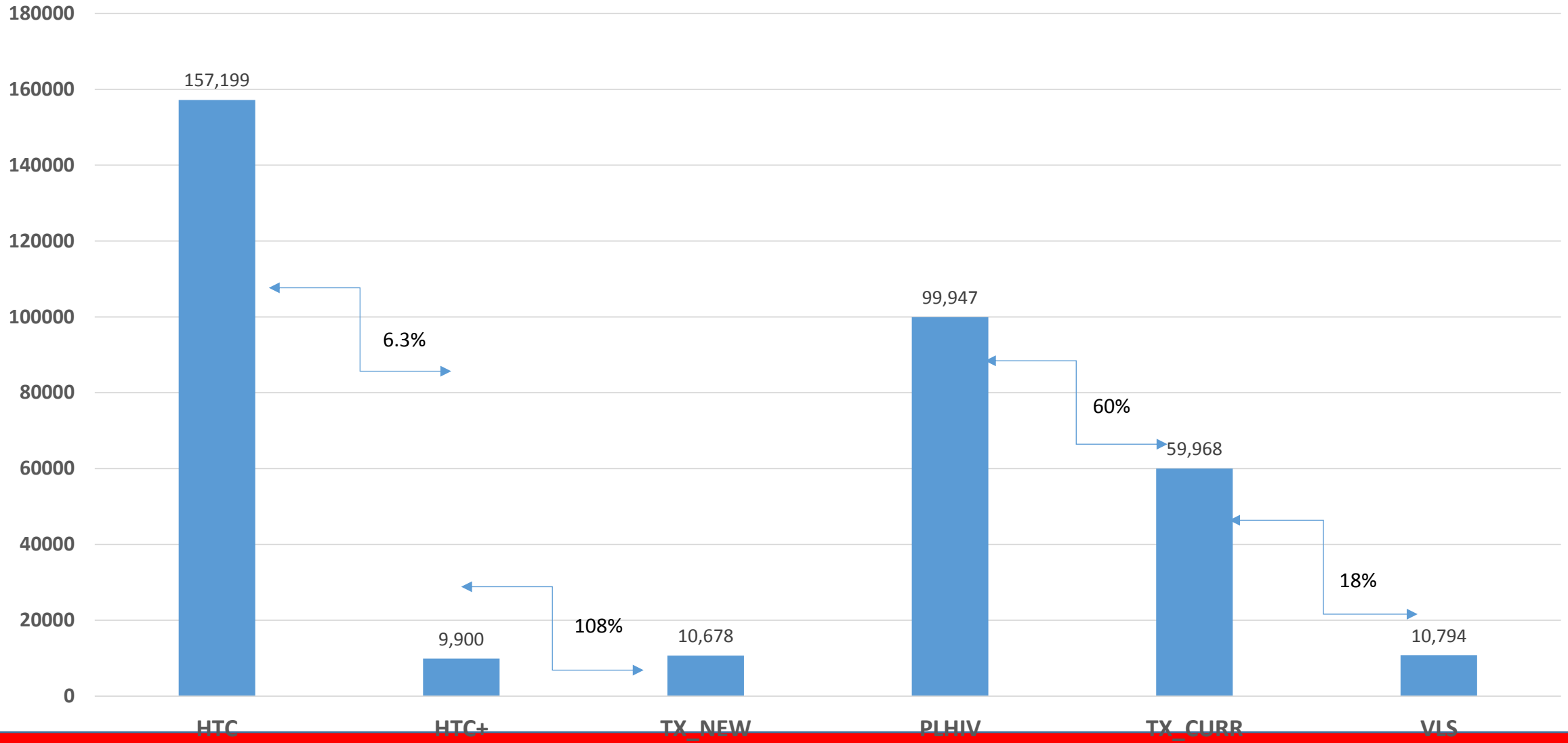
FY18 CLINICAL CASCADE IN YAOUNDE CLUSTER



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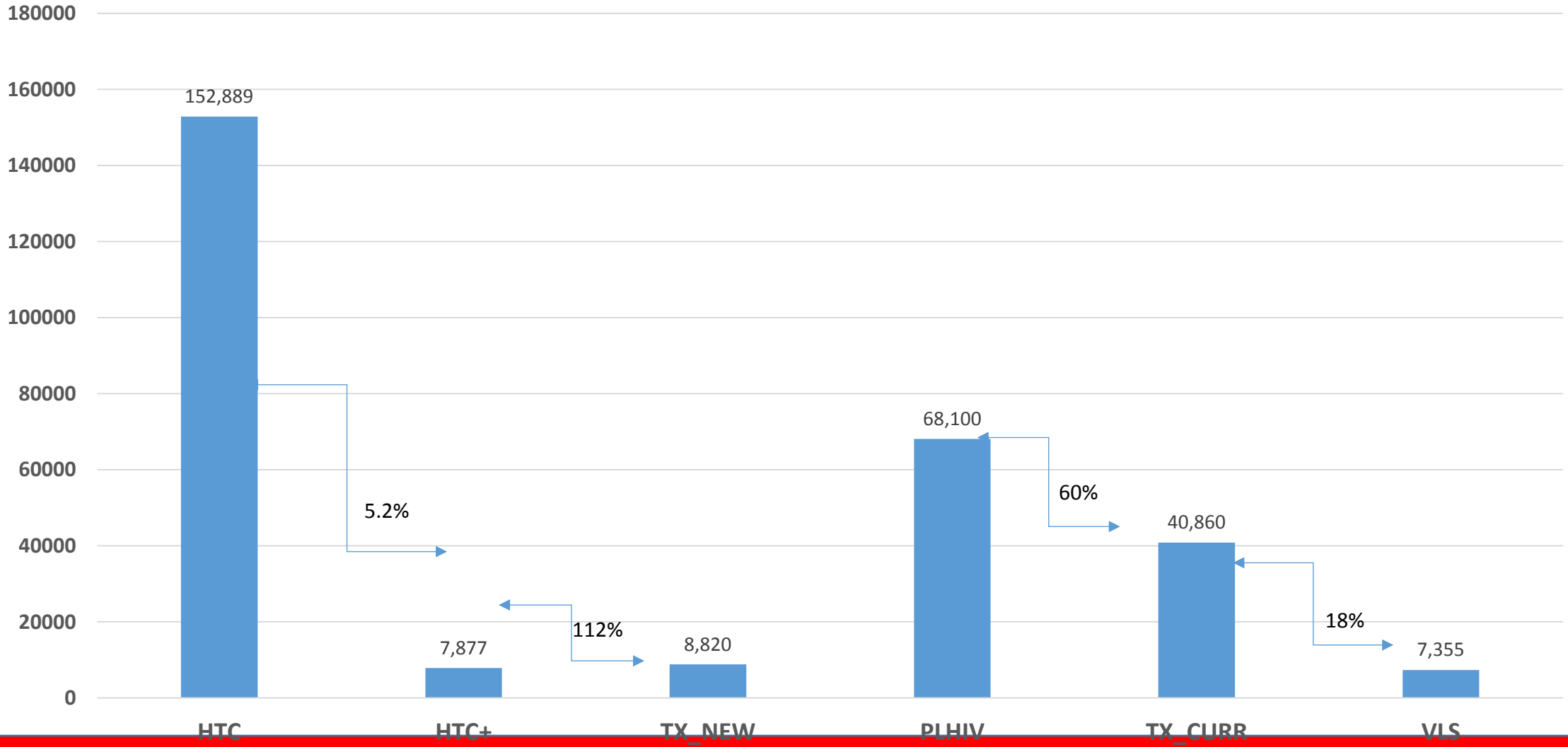
FY18 CLINICAL CASCADE IN DOUALA CLUSTER



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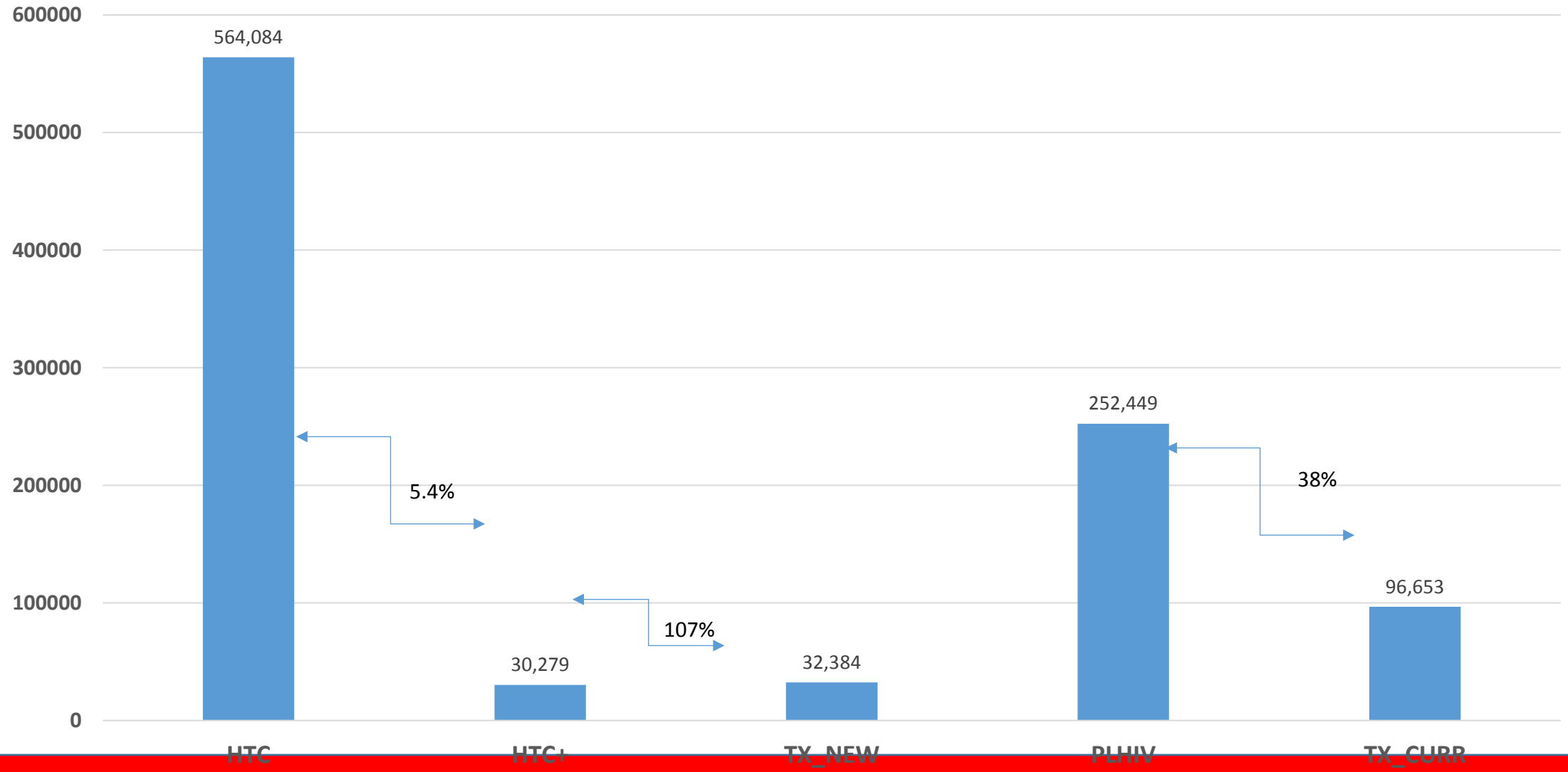
FY18 CLINICAL CASCADE IN SUSTAINED



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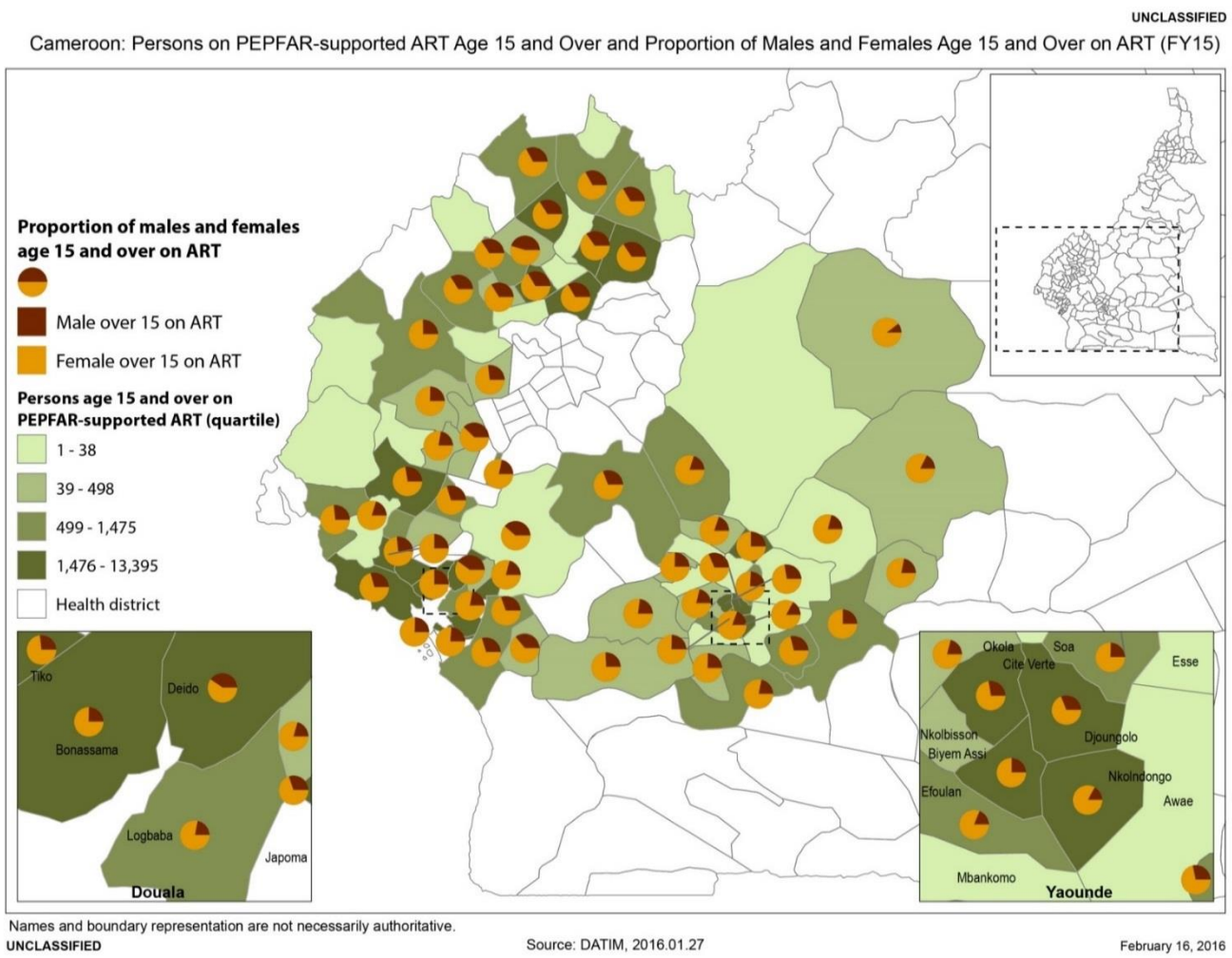
Geographic locations and population sub groups left out



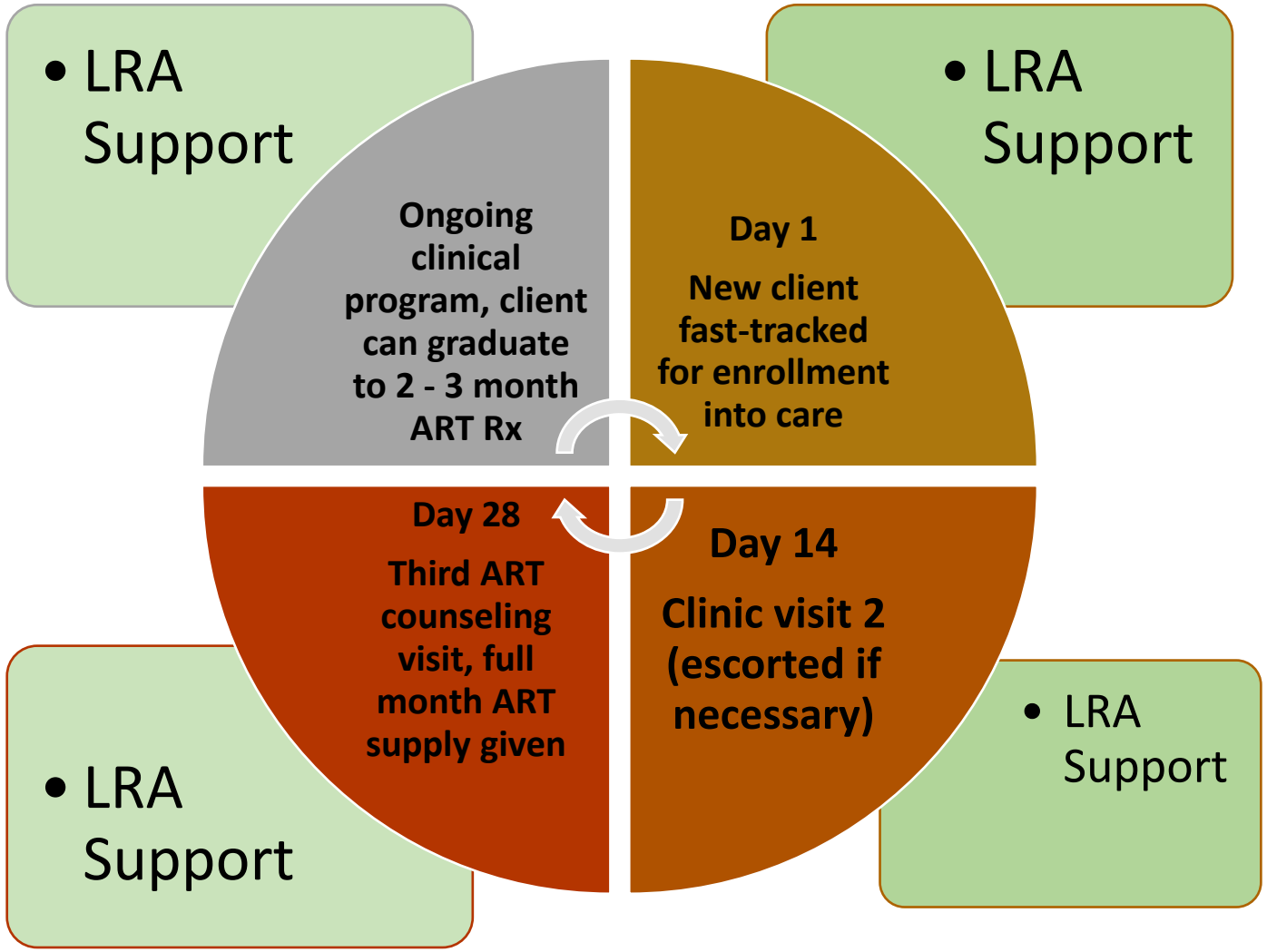
- Geographic location now focused on two scale up clusters in two regions
  - Clusters will enable logical expansion of ART coverage
  - Sustained areas will focus on linkage, retention and VL

- New/Reinforced Strategies to address Lower ART Coverage in Men
  - Contact tracing
  - Family treatment model
  - Worksite VCT
  - Linkage agent model
  - Support group package
  - KP peer mobilizer model
  - Military population with men being the majority

Expanded Linkage and Retention Agent Model

LRA support

- **Available at ALL community and facility testing sites**
- **Escort clients to care**
- **Begin disclosure**
- **Social & client support**
- **Phone Follow up**
- **Encourage support groups**



Community dispensation

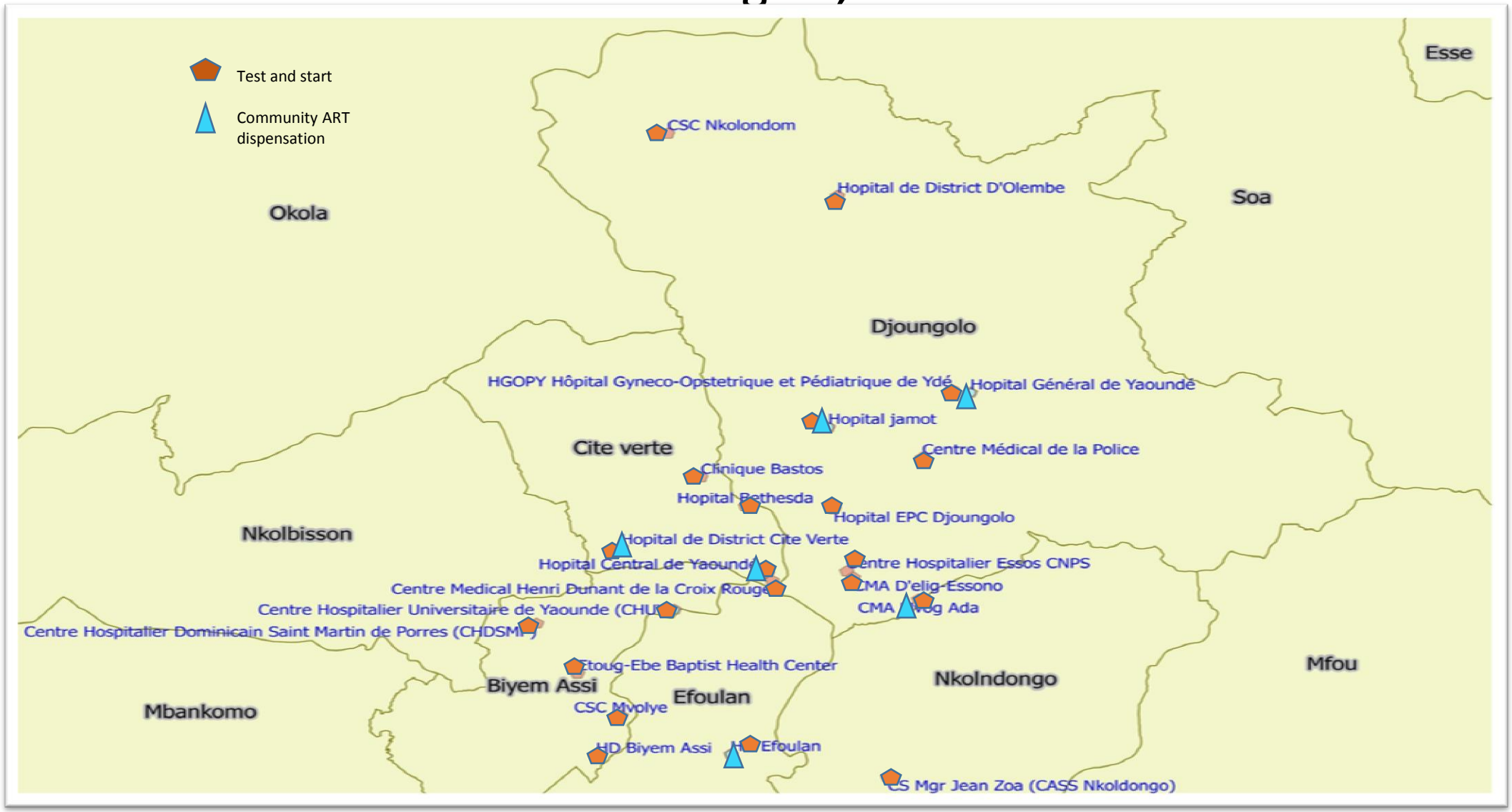
CURRENT STATUS OF TEST AND START IMPLEMENTATION AS OF APRIL 2017

Cluster	Health district	Organization unit	COP16 Classification	COP 17 status	Same day initiation	MMD for stable patients	Community dispensation
Yaounde	Biyem Assi	/Cameroon/Centre/Biyem Assi/HD Biyem Assi	Sustained	Scale up	YES	Yes	Yes
Yaounde	Biyem Assi	/Cameroon/Centre/Biyem Assi/Centre Hospitalier Universitaire de Yaounde (CHUY)	Sustained	Scale up	YES	Yes	Yes
Yaounde	Biyem Assi	/Cameroon/Centre/Biyem Assi/Centre Hospitalier Dominicain Saint Martin de Porres	Sustained	Scale up	YES	Yes	
Yaounde	Biyem Assi	/Cameroon/Centre/Biyem Assi/Etoug-Ebe Baptist Health Center	Sustained	Scale up	YES	Yes	
Yaounde	Cite Verte	/Cameroon/Centre/Cite Verte/Hopital Central de Yaoundé	Sustained	Scale up	YES	Yes	Yes
Yaounde	Cite Verte	/Cameroon/Centre/Cite Verte/Hopital de District Cite Verte	Sustained	Scale up	YES	Yes	Yes
Yaounde	Cite Verte	/Cameroon/Centre/Cite Verte/Centre Mere Enfant de la Fondation Chantal Biya	Sustained	Scale up	YES	Yes	
Yaounde	Cite Verte	/Cameroon/Centre/Cite Verte/Centre Medical Henri Dunant de la Croix Rouge	Sustained	Scale up	YES	Yes	
Yaounde	Cite Verte	/Cameroon/Centre/Cite Verte/Hopital Bethesda	Sustained	Scale up	YES	Yes	
Yaounde	Cite Verte	/Cameroon/Centre/Cite Verte/Centre Médical de la Police	Sustained	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/Centre Hospitalier Essos CNPS	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/CMA D'elig-Essono	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/ Hôpital Gyneco-Opstetrique et Pédiatrique de Ydé	Scale up	Scale up	YES	Yes	Yes
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/CSC Nkolondom	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/Hopital Général de Yaoundé	Scale up	Scale up	YES	Yes	Yes
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/CMA Mvog Ada	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/Hopital EPC Djoungolo	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/Hopital de District D'olembe	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/Clinique Bastos	Scale up	Scale up	YES	Yes	
Yaounde	Djoungolo	/Cameroon/Centre/Djoungolo/Hopital jamot	Scale up	Scale up	YES	Yes	Yes
Yaounde	Efoulan	/Cameroon/Centre/Efoulan/HD Efoulan	Sustained	Scale up	YES	Yes	Yes
Yaounde	Efoulan	/Cameroon/Centre/Efoulan/CSC Mvolye	Sustained	Scale up	YES	Yes	
Yaounde	Nkolndongo	/Cameroon/Centre/Nkolndongo/CS Mgr Jean Zoa (CASS Nkoldongo)	Sustained	Scale up	YES	Yes	
Yaounde	Nkolndongo	/Cameroon/Centre/Nkolndongo/CM Nicolas Barre	Sustained	Scale up	YES	Yes	
Yaounde	Nkolndongo	/Cameroon/Centre/Nkolndongo/Infirmerie - Prison Centrale	Sustained	Scale up	YES	Yes	
MIL_SNU		/Cameroon_Mil_SNU 6 ART sites	Scale up	Scale up	Yes	yes	1 site

Approved CBOs for Community ART Dispensation

Region	CBOs			
	Gen Pop	KPs	Peds/Ado	Military
Center	16	2	1	1
Littoral	7	2	2	0
North West	9	2	1	0
South West	7	0	0	0

Test & Start Implementation and community ART dispensation, Center Region, 2016-2017



A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

Test & Start Implementation and community ART dispensation, Littoral region. 2016-2017

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

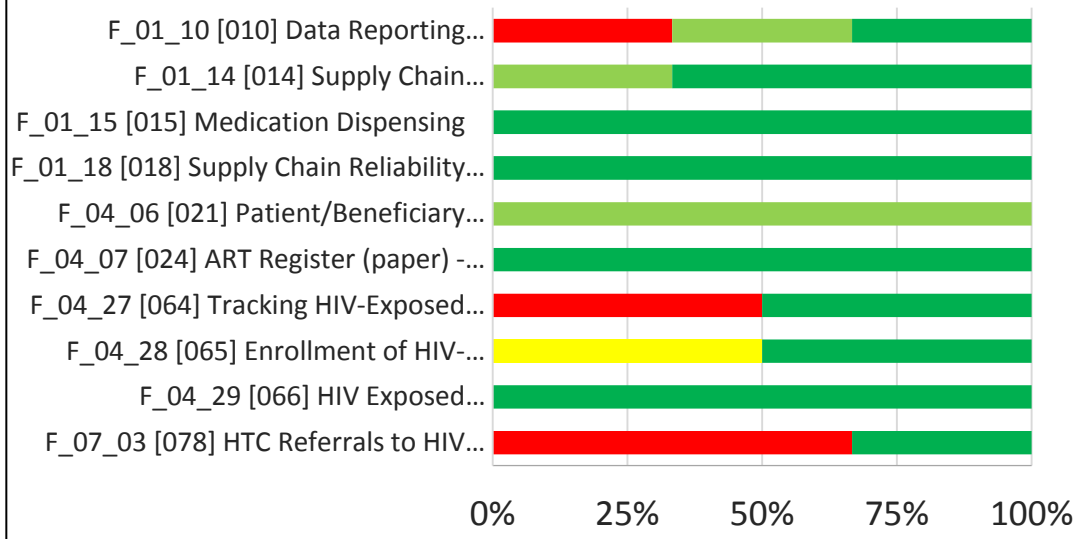
SIMS - 2nd 90

- 12 facilities in the clusters in the Littoral region and 8 facilities in the clusters in Center region which were previously B+ only sites were upgraded to ART sites in December 2016 and went operational in January 2017.
- All facilities are implementing Test and Treat with same day ART initiation and Multi-months ART dispensation for stable patients. About 38% have started community dispensation of ART.
- The handshake is already occurring at the facilities with the DICs to link more KPs on ART.
- Training of LRA to be used at different levels of the facility conducted in 65% and 32% scale up sites in the Littoral and Center clusters respectively. Training is still ongoing.
- Ongoing assessment of current LRA staffing capacity and plans to recruit more based on the patient volume and the number of HTC entry points per facility. At a minimum each facility visited has 2 LRA either from IP or RTG. The plan moving forward is to have 01 LRA assigned to a cohort of 100 ART clients to determine the need per facility.

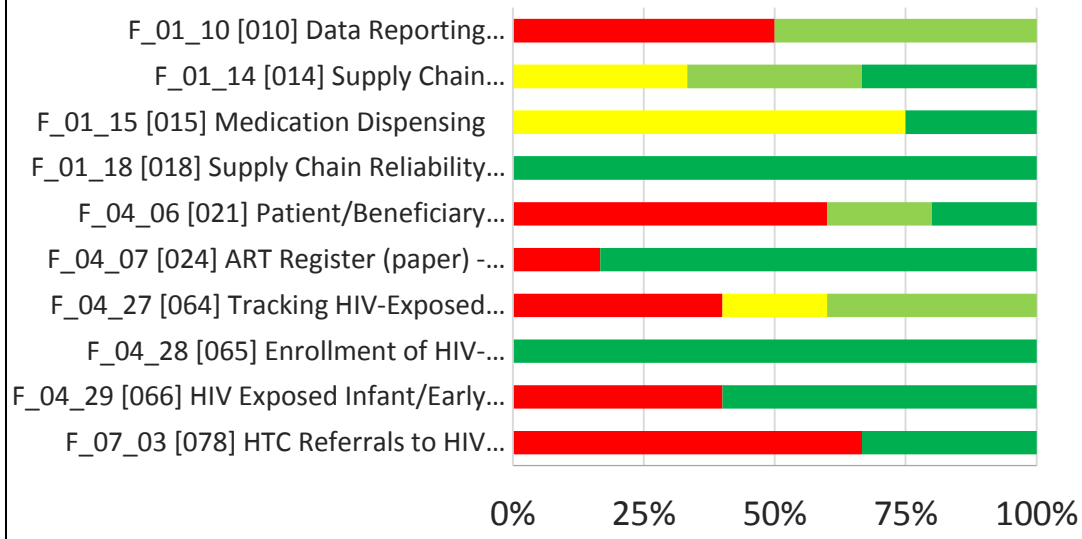
2nd 90-SIMS Results

TX_NEW for sites assessed in Deido and Djoungolo- what is our SIMS results telling us about the quality of ART services?

Deido



Djoungolo



Differentiated package of ART services

Facility	Community
AGYW • Fast track all new cases on ART initiation – same day • Multi-month dispensation for stable patients • Document appointments in a logbook • Provide ongoing intensive adherence counseling, support and assessment, including tips, eg. tel. alarm, Tx buddy, etc. • Refer a patient to a support group • Provide VL education & free VL POC testing • Send reminder SMS and phone calls to remind patient of their appoints	**AGYW** • Provide a Directory of linkage & retention agents (LRAs) to facilitate testing and linkage • Create AGYW social support groups (SG) • Dispense ART in SGs to stable patients • Actively track AGYW who have defaulted • Provide intensive adherence counseling, support and assessment • Do VL sample collection in community sites
KPS • Fast track newly identified HIV+ KPs on ART initiation – same day • Multi-month dispensation & fast lane refills for stable KPs • Document appointments in a logbook • Intensive adherence counseling, support and assessment • Refer KP to a social SG for peer support and retention • Provide therapeutic & VL education & free VL POC testing • Provide stigma reduction & discrimination counseling • Send reminder SMS and phone calls to remind patient of their appoints	**KPS** • Document, track & report on linkage outcomes from KP groups • Create KP social SGs to strengthen adherence and retention • Community ART dispensation to stable patients in SGs • Actively track Tx defaulters thru phone calls and home visits • Provide intensive adherence counseling, support and assessment • Do VL sample collection in community sites

Differentiated package of ART services

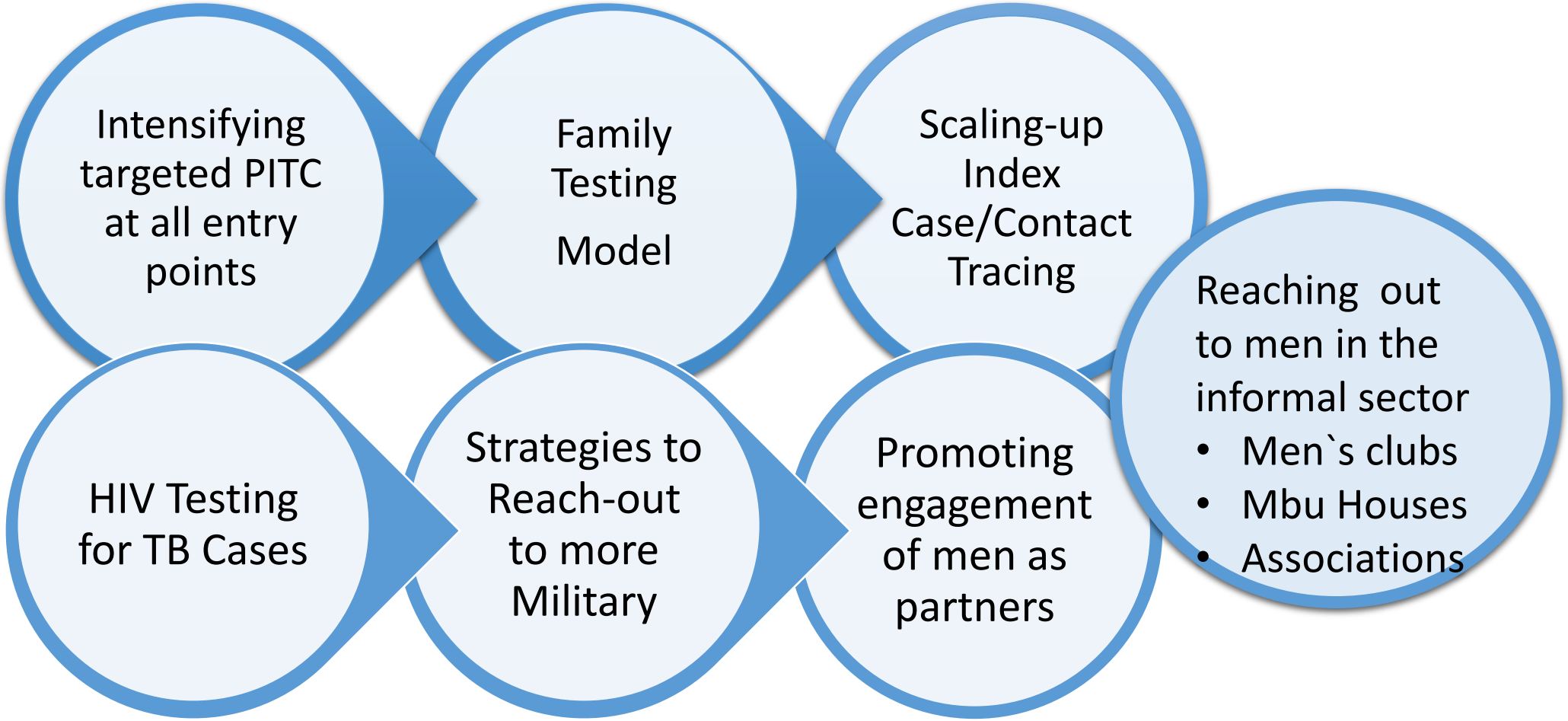
Facility	Community
PEDS • Provide same day ART initiation for HIV+ children • Multi-month dispensation for stable children • Document appointments in a logbook • Schedule adherence counseling, support and assessment sessions with caregiver • Send SMS reminders & calls to caregivers against appointments • Refer child to an age-appropriate SG • Provide VL education to caregiver & free VL POC testing	**PEDS** • Tracking the Pre-ART cases not already on ART for facility linkage • Community dispensation of ART for stable children (>12 years) • Actively search for defaulters & LTFU cases in the community • Establish psychosocial SGs for children and their caregivers to boost peer support and retention
Adults • Do index-case testing and active linkage to C&Tx • Provide ongoing intensive adherence counseling, support and assessment, including tips, eg. tel. alarm, Tx buddy, etc. • Intensive therapeutic education including flyer distribution • Multi-month dispensation for stable patients • Document appointments in an appointment logbook • Refer a patient to a support group • Provide VL education & subsidized VL testing in 6 months • Offer VL sample collection where VL POC testing is absent • Send reminder SMS and phone calls to remind patient of their appoints	**Adults** • Provide a Directory of linkage & retention agents (LRAs) to facilitate testing and linkage • Dispense ART in social SGs to stable patients • Routinely provide therapeutic education sessions • Provide intensive adherence counseling, support and assessment in SGs • Do VL sample collection in community sites • Develop and Print education Flyers on need for ART adherence and VL • Actively track defaulters through phone calls, SMS and home visits

PEPFAR Cameroon COP16 Review 1st 90

April 19, 2017

Johannesburg, South Africa

A: Strategies to improve testing yield in men and the general population



Differentiated package of HTC services

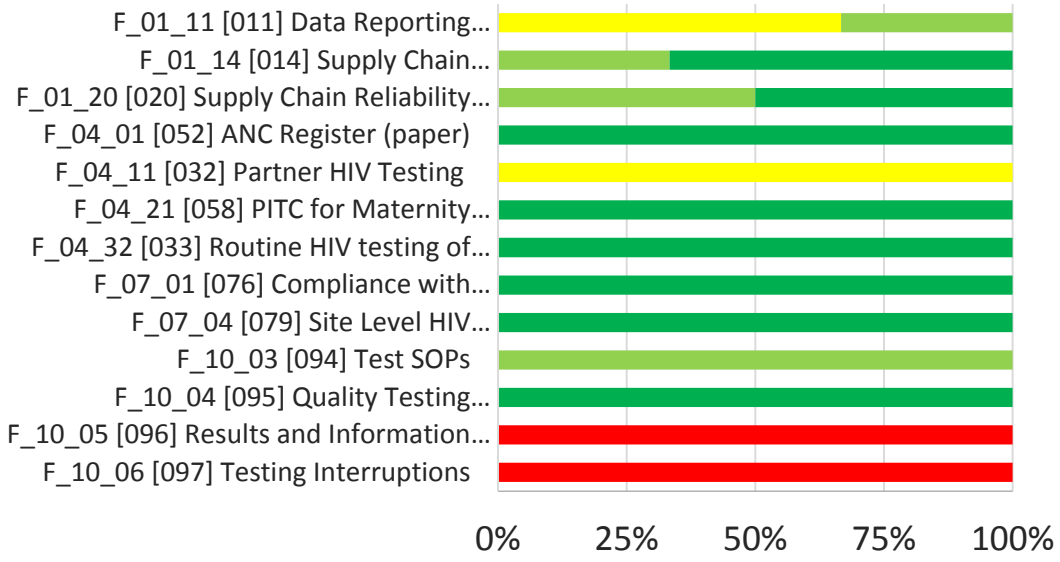
Facility	Community
AGYW • PITC to AGYW of unknown HIV status at all entry points • Ensure 100% linkage of all positive cases • Establish AGYW friendly services and hours • Systematically provide RH and FP education to AGYW • Partner notification and contact tracing for HIV+ cases • Provide ongoing free HIV testing for AGYW	**AGYW** • Administer a screening tool at community level to identify AGYW for HIV testing • Conduct testing within AGYW social groups • Use social & other media to reach out to AGYW for testing • Do partner notification and contact tracing for HIV+ cases
KPs • Systematic PITC for KPs of unknown HIV status • Test all negative KPs once every 3 months for free • Ensure 100% linkage of all positive KPs to Tx • Establish KP-friendly services and hours • Assign KP-specific LRAs in KP-dedicated services/facilities • Systematically provide RH and FP education to KPs	**KPs** • Testing within KP social clubs and groups • Partner notification and contact tracing for HIV+ cases • Maintain a Directory of community LRAs • Partner with DICs to ensure 100% KP linkages to Tx services at facilities • Document, track & report on linkage outcomes from KP groups

Differentiated package of HTC services

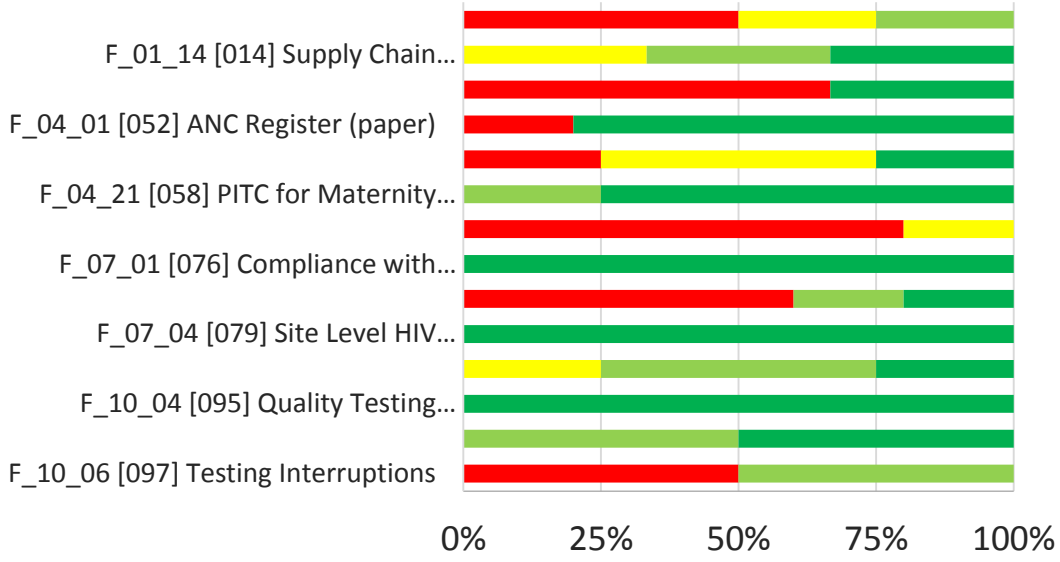
Facility	Community
PEDS • POC PITC for children of unknown HIV status at all entry points • Family model testing of children of HIV+ index cases & their siblings • Ensure 100% linkage of all positive children identified • POC EID for HEI or DBS for PCR in sites with no POC EID • Do cohort monitoring of all HEI • Provide child friendly corners/hours • Provide free HIV testing for children and adolescents	**PEDS** • Family model HIV testing of children of index-cases & sibling using CHWs • Tracking of HEI for DBS sample collection and facility linkage for PCR results • Tracking of HEI defaulting PCR results delivery • Conduct anonymous testing in schools • Testing in orphanages and other OVC-likely settings
Adults • PITC to people of unknown HIV status at all entry points • LRA to ensure 100% linkage of all positive cases • Offer same day ART initiation to those identified positive • Fast track all new cases on ART initiation – same day • Do index-case testing and active linkage to C&Tx • Provide a package of health service which includes HIV test during specified military Friendly days in partnership with MOD	**Adults** • Actively support the creation of social SGs • Offer testing in peer groups for those with unknown status • Do partner notification and contact tracing for HIV+ cases • Provide a Directory of linkage & retention agents (LRAs) to facilitate testing and linkage • Test Militaries who have served for longer periods during in Service trainings for this sub group.

1st 90- SIMS Results.
HTC_TST for sites assessed in Deido and Djoungolo - what is our SIMS results telling us about the quality of HTC services?

Deido



Djoungolo



1st 90- SIMS Findings

- Lab IP is rolling out QMS in all labs in scale-up sites in the clusters. Facility Lab Staff have already completed the 3 SLMTA workshops and putting in place QI/QM systems in the Labs.

- QA in HTC have been fully implemented in all scale up sites and it's been scale-up in all HTC testing areas within the facility. Sites are performing in DTS PT a national EQA program for HIV testing.

- HTC is being done at homes through family testing model by two scale-up facilities in the Littoral cluster to reach family members of index cases who are unable to come to the facility for testing.

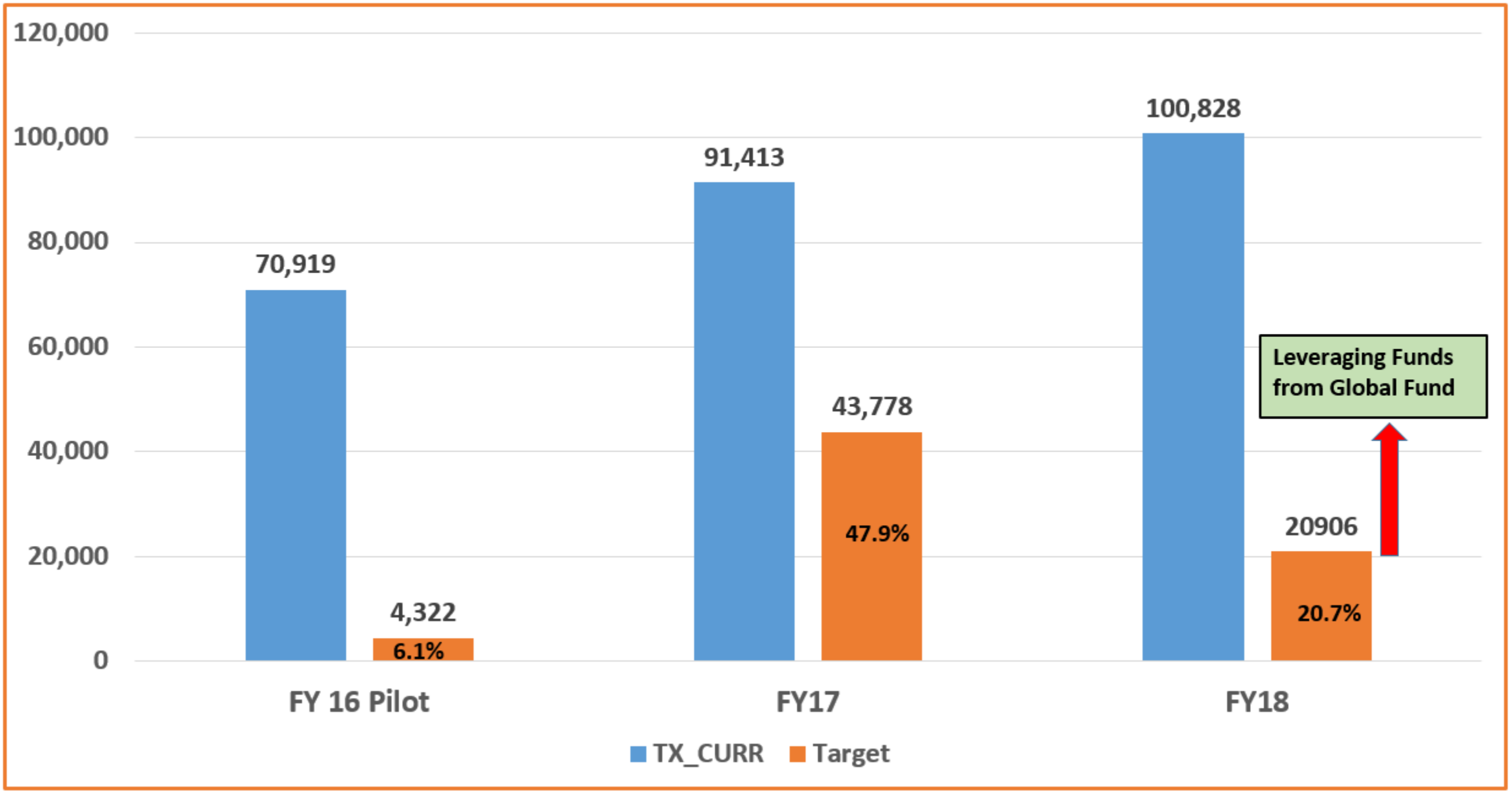
- All family members tested per index case identified are linked to the facility. Tools and register have been developed by the IP to capture family model HTC.

- All positive cases identified are linked to ART.

REACHING THE 3RD 90

STRATEGY AND PROGRAMMATIC DIRECTION

FY16, FY17 and FY18 Targets



3rd 90 –SIMS Findings

- IPs have trained and built capacity for sample collection and shipment to the reference labs for VL testing in all the scale- sites. VL fees remains a barrier to scale up VL testing.

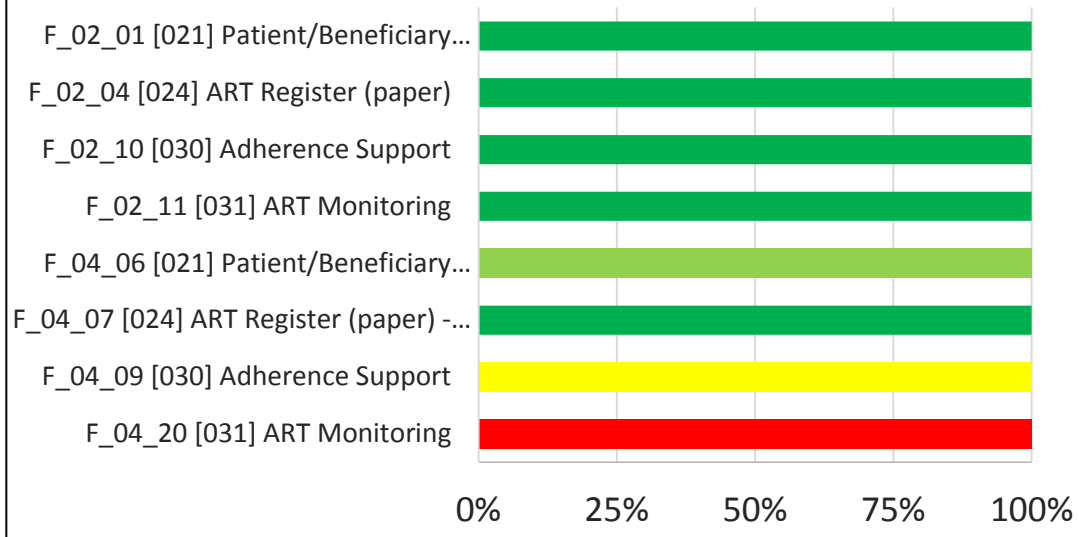
- IP provides partial payment for VL fees (3000frs/5,000frs) to members of an all women support group to scale-up VL testing and also improve retention.

- Demand creation and uptake for VL testing still remains a challenge in some facilities.

3rd 90- SIMS Results.

TX_PVLS for sites assessed in Deido and Djoungolo in- what is our SIMS results telling us about the quality of VL testing services?

Deido



Djoungolo

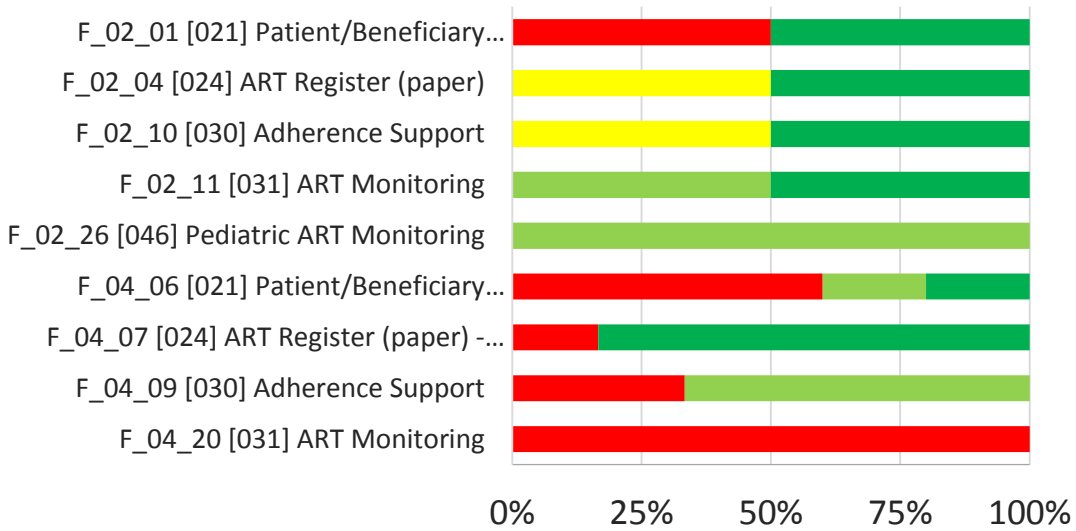


Table 6

KEY PROGRAMMATIC BARRIERS	SUMMARY OF ACTIVITIES TO ADDRESS BARRIER
Gap #1: Low coverage and quality of facility and community ART services leads to poor linkages, adherence and retention (2nd and 3rd 90s) in priority health districts ($876,279)	Train health care workers; Implement Test and Start; Recruit Data Managers and Clerks; Increase data collection, reporting and dissemination; Improve and expand DHIS; Obtain IRB approval for HIV SABERS study
Gap #2: Weak Procurement and Supply Chain Management of HIV/AIDS-related commodities (1st, 2nd, and 3rd 90s) ($1,621,856)	Improve storage capacity and flow of Regional Medical Stores to maintain 6 months stock; Train pharmacy attendants; Conduct quarterly stock monitoring reviews; Revise guidelines on management of HIV commodities to redress GF audit findings
Gap #3: Weak laboratory quality management systems (1st, 2nd, 3rd 90s) ($1,234,728)	Operationalize the National Public Health Laboratory (NPHL); Train lab staff on QMS; Strengthen NPHL capacity and implement national lab strategic plan; Roll out tools for VL implementation

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
Table 6.1.1 Key Programmatic Gap #1: Low coverage and quality of facility and community ART services leads to poor linkages, adherence and retention (2nd and 3rd 90s) in priority health districts				
1. Shortage of adequately trained health and community workers to increase ART uptake in priority districts	1. Increase number of healthcare workers to 75% and ART uptake to 80%	100+ healthcare workers trained and implement test & start in 45 scale up sites	Activity will be discontinued in year 2	No funds allocated
2. Insufficient capacity of health and community based systems to support uptake, linkage and retention	100% linkage to care and <20% LTFU	Implement test & start in 45 scale up sites	Activity will be discontinued in year 2	No funds allocated
3. Weak strategic information management	75% increase in data collection, reporting, and dissemination	Recruit data manager, support data clerk training. PMTCT/option B+, M&E tools printed and distributed, National DHIS User Guide developed, printed and made available in all 189 health districts		$626,279.00

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
Table 6.1.1 Key Programmatic Gap #1: Low coverage and quality of facility and community ART services leads to poor linkages, adherence and retention (2nd and 3rd 90s) in priority health districts				
3. Weak strategic information management (con't)	75% increase in data collection, reporting, and dissemination	Procured some SI desktops and accessories, solar electricity devices, provided internet connectivity for 10 regional NACC offices, and Electronic, real-time transmission of DHIS2 results from all 189 health districts	More desktops in the clusters	
	Seroprevalence among military	IRB Approval of HIV SABERS	Field data collection and analysis begins	$250,000.00
Table 6.1.2 Key Programmatic Gap #2: Weak Procurement and Supply Chain Management of HIV/AIDS-related commodities (1st, 2nd, and 3rd 90s)				
1. Insufficient warehouse and inventory level optimization	100% (4) PEPFAR-supported Regional Medical Stores (RMS) maintain appropriate min-max, improve storage capacity to maintain 3-6 months of stock, with 50% of pharmacy attendants trained on good dispensing practices	Concordance in physical stock counts at facility and RMS levels, minor infrastructural upgrades at warehouses and revised guidelines on commodity dispensing developed	Fewer than 20% Red or Yellow for facility level supply chain reliability CEEs, medication dispensing	$605,000.00

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
Table 6.1.2 Key Programmatic Gap #2: Weak Procurement and Supply Chain Management of HIV/AIDS-related commodities (1st, 2nd, and 3rd 90s)				
2. Insufficient institutional capacity to use HIV pharmacy information for decision making	Quarterly stock monitoring reviews are conducted using reports from 100% of regional stores and from 50% of health facilities	Availability of complete monthly reports per region submitted to OSPSIDA or existing LMIS system for the past six months.	Quarterly stock monitoring reviews are conducted using reports from 100% of regional stores	$651,585.00
3. Poor governance of pharmaceutical and lab management sector at all levels	GRC's GF audit rating improved from ineffective to partially effective **NEW OUTCOME FOR COP17**	Revised guidelines on management (including dispensing procedures) of HIV/AIDS commodities developed	Fewer than 40% Red or Yellow for Supporting Functions Commodities set	$365,271.00
Table 6.1.3 Key Programmatic Gap #3: Weak laboratory quality management systems (1st, 2nd, 3rd 90s)				
1. Weak Laboratory Governance within the health structure	An operational National Public Health Laboratory with an EQA coordination center. National Laboratory polices and strategic Plan are developed, adopted and implemented.	An operational National Public Health Lab, with Lab policy and strategic plan developed, translated pending adoption and dissemination.	EQA coordination center set-up. National Laboratory policy and strategic Plan adopted and implemented. Laboratory Technical Working Group established and functioning.	$215,000.00

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
Table 6.1.3 Key Programmatic Gap #3: Weak laboratory quality management systems (1st, 2nd, 3rd 90s)				
2. No accredited laboratories (i.e. labs that meet international standard for quality) in tiered system	Revise pre-service training curriculum to include QMS, train laboratory staff in all labs within scale-up districts trained on QMS, enrolled in CQI and SLIPTA process. At least 2 accredited labs in tiered system supporting patient testing and monitoring.	Lab staff in all facilities at scale-up districts trained on QMS using the SLMTA toolkit and conduct regular assessments, enrolled in CQI and engaged in certification. Supplies and instruments for pre-service training provided. Revised curriculum piloted in at least 2 lab training schools. 01 lab achieved ISO 15189 accreditation	Train at least 50% of lab staff in facilities or testing sites in both clusters on QMS	$385,000.00
3. Poor Lab Infrastructure	All trained laboratory staff are implementing biosafety standards in priority sites, train more biomedical engineers trained, standardize EID/VL platforms in-country, and institutionalize sample referral as part of the lab network .	75% of laboratory staff in scale-up districts are trained to implement biosafety standards, all reference labs enrolled in EID EQA, and national sample referral system for Proficiency testing panels established	Tools for VL implementation available and routinely used in at least 80% of all sites in both clusters, equipment maintenance contracts available in all EID/VL reference labs and SMS printers available at facility labs to reduce TAT	$450,000.00

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget
Table 6.1.3 Key Programmatic Gap #3: Weak laboratory quality management systems (1st, 2nd, 3rd 90s)				
4. Absence of laboratory liaison within the NACC **NEW BARRIER FOR COP17**	Strengthen National Laboratory capacity and implementation of national Laboratory strategic plan	N/A	A designated lab/NACC liaison hired. A LTWG created, availability of a VL dashboard at each facility and supervision reports with documented evidence of corrective action.	$184,728.00
6.2.1: Test and Start				
1. Absence of policy document on Test and Start	Policy document developed and published	Policy Document on Test and Start Developed and Disseminated (available at least, in all 45 PEPFAR-funded health facilities)	N/A	$0.00
2. Absence of updated guidelines and SOPs for Test and Start implementation	Addendum to guidelines, SOPs and Algorithms available for distribution			
3. Absence of implementation and M&E plan for Test and Start	Implementation /M&E plans available	Implementation /M&E plans available		

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
6.2.1: Test and Start				
4. Patient Fees for HIV-related Services	Patients do not pay for HIV/AIDS-related services, all tested positive immediately put on treatment, LTFU between testing & treatment zeroed out, and VL testing fully implemented.	75% of patients tested immediately put on treatment, NACC Annual report shows 10% reduction in LTFU and NACC Annual report shows 45% VL coverage	100% of patients tested immediately put on treatment, NACC Annual report shows 30% reduction in LTFU and, NACC Annual report shows 85% VL coverage	$0.00
5. Therapeutic Committee Approval for ART initiation **BARRIER ELIMINATED**	Therapeutic Committee Approval for ART Initiation eliminated **OUTCOME ACHIEVED**	N/A	N/A	$0.00
6. Absence of community engagement	Develop community dispensation models	Develop community dispensation models	N/A	$0.00
Table 6.2.2 New and efficient service delivery models				
1. Poor coverage of patients on ART and TB treatment	Increase coverage and retention of ART in priority districts for all population,	Implementation of test and start in PEPFAR scale-up sites, 5 DICs serves as community dispensation sites	Reach at least 25% proposed 2018 coverage	$153,042.00

Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
Table 6.2.2 New and efficient service delivery models				
2. Inadequate HIV services	Increased the number of functional ART sites offering quality HIV / TB care and, the number of DICs offering quality HTS and adherence services to KPs, including for children, to about 07 by 2018	HIV/TB care and treatment expert hired. 28 two-week trainings completed in COP16. Systematic TB testing of all PLHIV TB suspects in the two scale-up districts. 5 DICs offered HTS to KPs Facility-based infection and QI plan developed and implemented in all scale up districts.	Scale-up the implementation of TB/HIV testing in the 02 cluster scale up district. Facility-based infection and QI plan developed and implemented in 45 facilities in the 2 scale up clusters (Douala and Yaoundé)	$263,339.00
3. Absence of an organized system in place to ensure linkages, adherence and retention of patients on ART	Increase to 80% the proportion of pregnant women, breastfeeding mothers and children retained in treat and care by 2018 and Increase to 90% the proportion of KPs HIV+ linked to care and treatment	Cohort monitoring tools developed and organize services to monitor cohort up to 18 months National KP UIC developed		

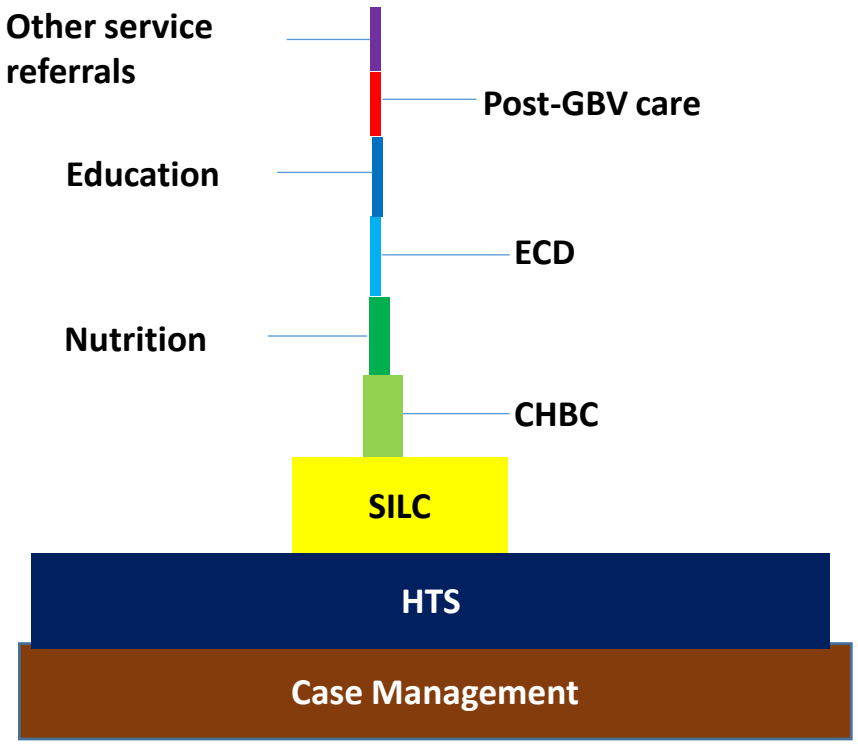
Summary of Table 6

Key Systems Barrier	Outcomes Expected after 3 years of Investment	Year One (COP 2016) Annual Benchmark	Year Two (COP 2017) Annual Benchmark	Budget (USD)
6.3: Other Proposed Systems Investments				
Inst & Org Development	Increased appropriation of the HIV/AIDS response and improved quality of reporting for policy making by 2018	Two national and regional coordination meetings occur and results disseminated		$26,861.00
	Improved Coordination and monitoring of the HIV Program by 2018	Full-time staff at both national HIV/AIDS and TB programs focused on strengthening management of joint HIV/AIDS and TB programs.		$162,324.00
Total Budget for Table 6				
				$4,338,429

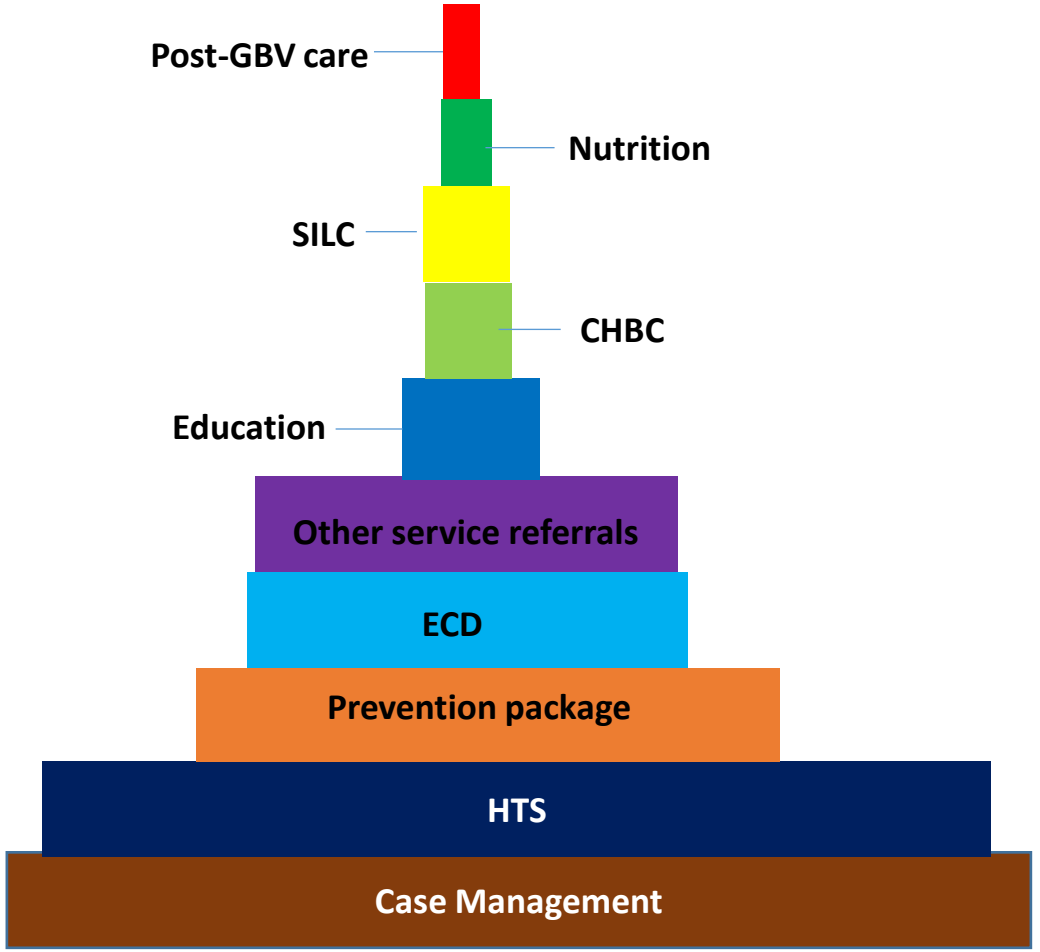
Utilizing OVC partners to improve risk avoidance and addressing GBV

OVC_SERV Service Package

FY 17 Q1 and Q2 Services Provided

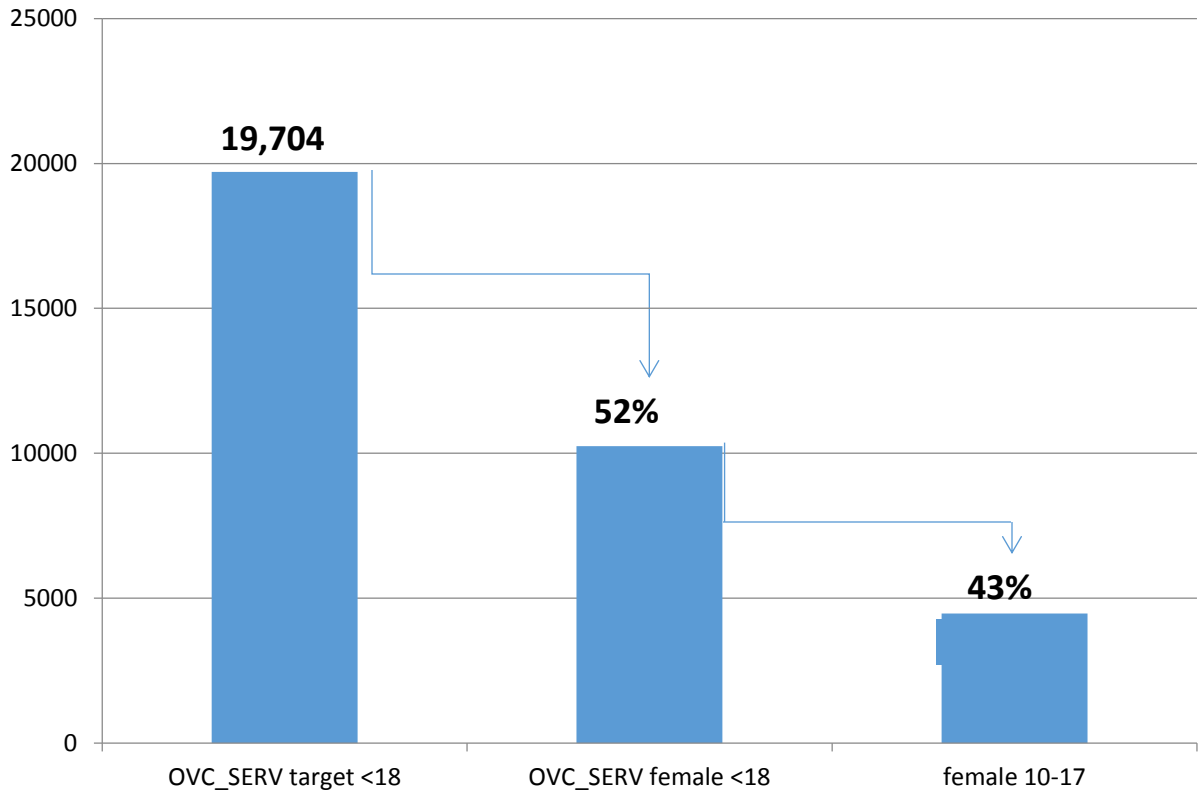


COP 17 Service Package



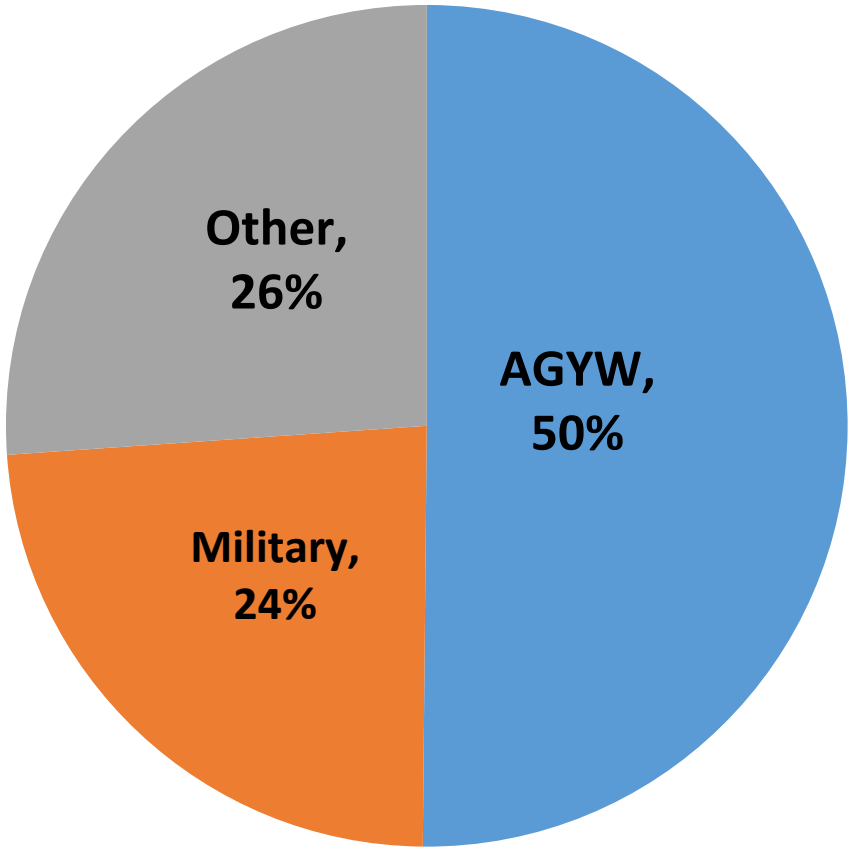
A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT

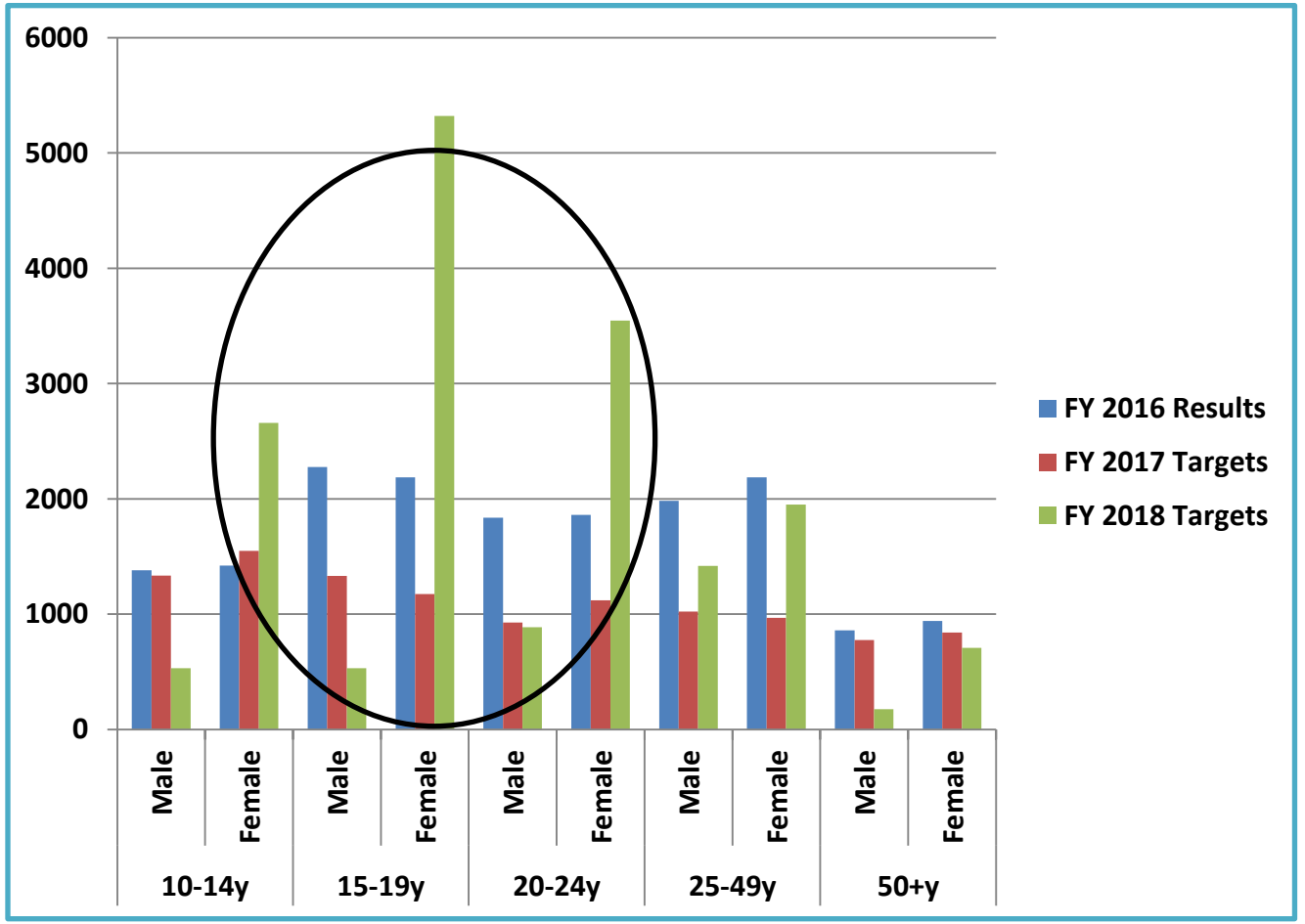
Leveraging OVC_SERV to reach AGYW (10-17) in COP 17 (DSD & TA_SDI)



- GBV Prevention (including enhanced package for children of FSWs at increased risk of experiencing or witnessing GBV)
- SRH Education focused on Risk Avoidance
- Comprehensive SRH service delivery package for older, sexually active AGYW
- Post-GBV care package
- Targeted HTS Based on Risk Assessment
- Household Economic Strengthening (creation of SILC groups for adolescents)
- Education Support

Leveraging PP_PREV to reach AGYW





B: Innovative Strategies for Adolescents & Youths AYLHIV at health facilities

Engage age specific linkage & retention agents to:

Provide sexual risk reduction counseling

Address HTC, treatment, PrEP needs

Sexual and Reproductive health education

IPs will create adolescent and youth friendly health services

Train service providers and peer educators

Pilot support group ART delivery

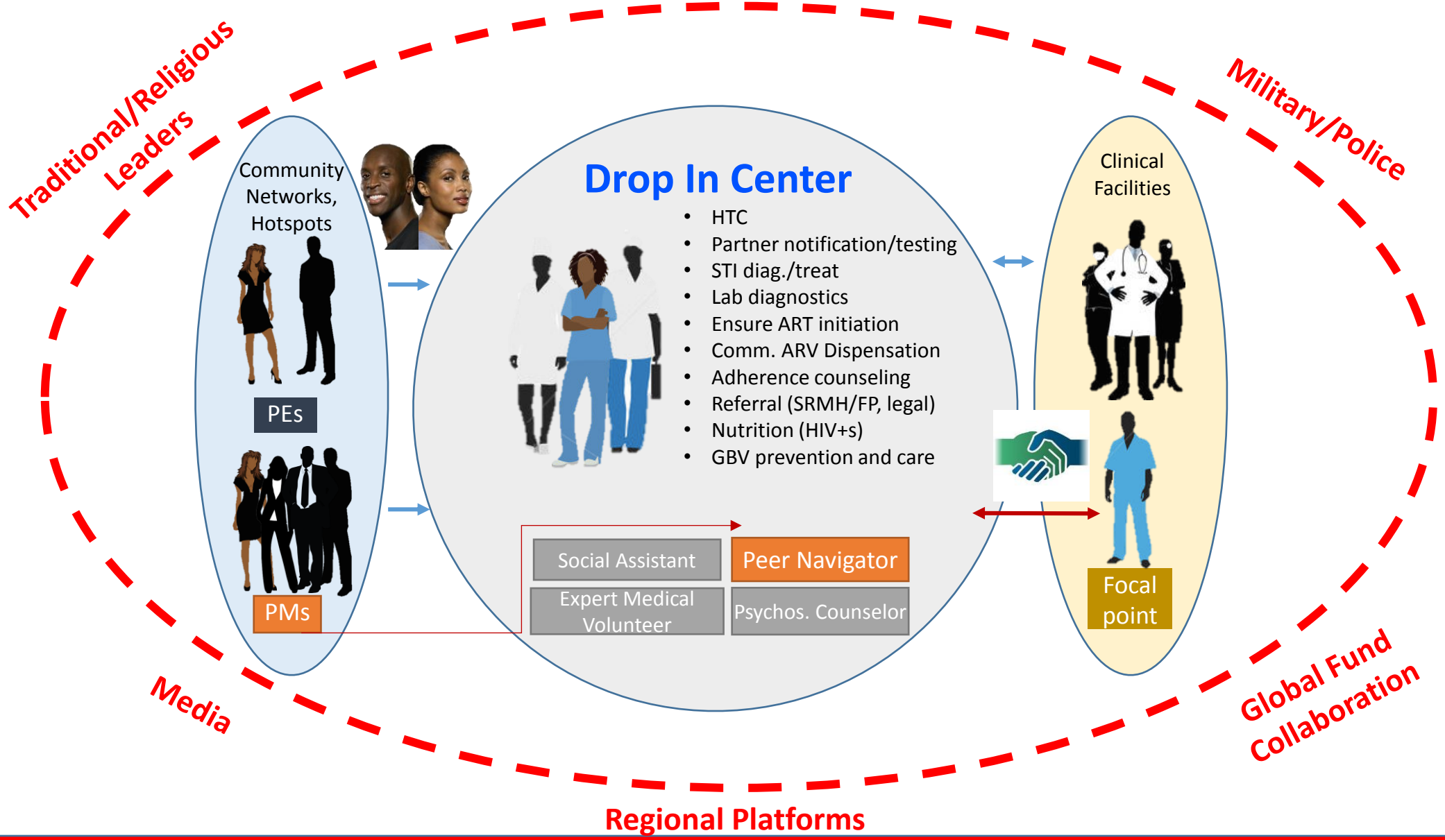
Referrals to FP, GBV, OVC and other services as needed

Support Group Motivation by peer educators

Peer mobilization & education on Testing, linkage & ART retention

Key Populations

KP Strategy: Reinforcing the Fundamentals



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KP Strategy: What's New?

Adapting to changing KP dynamics

- Reviewing mapping to locate new emerging hotspots
- Diversifying outreach to different sub-populations (VIPs)
- Collaboration between MSM and FSW partners to find male SW
- Linking HIV testing to broader KP comunity events
- Integrating HIV and other health services (STI, FP)
- Improving therapeutic education

Targeting all FSW children not only those of HIV+ FSW

Scaling up community ARV dispensation

Technology: UIC and social media

Engaging traditional and religious leaders

PEPFAR Cameroon COP17 Commodities

April 19, 2017

Johannesburg, South Africa

Overview of PEPFAR investment

Product	COP16 Investment	COP17 Investment
ARVs	$2,000,000.00	
RTK	$150,000.00*	$300,000.00
VL supplies	$1,906, 143.75	$864,192.00
Total	**$4,056,143.75**	**$1,164,192.00**

** Current investments include $1.3 M from remaining ACT funds and COP 16 funds ($150K)*

Issues identified at DCMM and key recommendations

1. Discussions with vendor to reduce pricing of viral load reagents from $56 to $31 to support COP17 targets. Negotiations underway with the GRC for a further reduction to ~$24/test.

2. Reliance on Global Fund/GRC for procurement of HIV commodities

3. Seek a system/network approach, where possible (*harmonize national system to minimize the number of different platforms in use and maximize efficiency)*

CAMEROONIANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

PEPFAR

THANK YOU

Differentiated package of ART services

Facility	Community
AGYW • Fast track all new cases on ART initiation – same day • Multi-month dispensation for stable patients • Document appointments in a logbook • Provide ongoing intensive adherence counseling, support and assessment, including tips, eg. tel. alarm, Tx buddy, etc. • Refer a patient to a support group • Provide VL education & free VL POC testing • Send reminder SMS and phone calls to remind patient of their appoints	**AGYW** • Provide a Directory of linkage & retention agents (LRAs) to facilitate testing and linkage • Create AGYW social support groups (SG) • Dispense ART in SGs to stable patients • Actively track AGYW who have defaulted • Provide intensive adherence counseling, support and assessment • Do VL sample collection in community sites
KPS • Fast track newly identified HIV+ KPs on ART initiation – same day • Multi-month dispensation & fast lane refills for stable KPs • Document appointments in a logbook • Intensive adherence counseling, support and assessment • Refer KP to a social SG for peer support and retention • Provide therapeutic & VL education & free VL POC testing • Provide stigma reduction & discrimination counseling • Send reminder SMS and phone calls to remind patient of their appoints	**KPS** • Document, track & report on linkage outcomes from KP groups • Create KP social SGs to strengthen adherence and retention • Community ART dispensation to stable patients in SGs • Actively track Tx defaulters thru phone calls and home visits • Provide intensive adherence counseling, support and assessment • Do VL sample collection in community sites

Differentiated package of ART services

Facility	Community
PEDS • Provide same day ART initiation for HIV+ children • Multi-month dispensation for stable children • Document appointments in a logbook • Schedule adherence counseling, support and assessment sessions with caregiver • Send SMS reminders & calls to caregivers against appointments • Refer child to an age-appropriate SG • Provide VL education to caregiver & free VL POC testing	**PEDS** • Tracking the Pre-ART cases not already on ART for facility linkage • Community dispensation of ART for stable children (>12 years) • Actively search for defaulters & LTFU cases in the community • Establish psychosocial SGs for children and their caregivers to boost peer support and retention
Adults • Do index-case testing and active linkage to C&Tx • Provide ongoing intensive adherence counseling, support and assessment, including tips, eg. tel. alarm, Tx buddy, etc. • Intensive therapeutic education including flyer distribution • Multi-month dispensation for stable patients • Document appointments in an appointment logbook • Refer a patient to a support group • Provide VL education & subsidized VL testing in 6 months • Offer VL sample collection where VL POC testing is absent • Send reminder SMS and phone calls to remind patient of their appoints	**Adults** • Provide a Directory of linkage & retention agents (LRAs) to facilitate testing and linkage • Dispense ART in social SGs to stable patients • Routinely provide therapeutic education sessions • Provide intensive adherence counseling, support and assessment in SGs • Do VL sample collection in community sites • Develop and Print education Flyers on need for ART adherence and VL • Actively track defaulters through phone calls, SMS and home visits